THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. IX. PHILADELPHIA, MAY, 1887. No. 5.

A CLINICAL LECTURE.

CURIOUS HEART LESION; FATTY DEGENERATION OF THE LIVER; MALARIAL FEVER; ANEURISM OF THE ARCH OF THE AORTA.

BY MORRIS LONGSTRETH, M.D.

DELIVERED AT THE PENNSYLVANIA HOSPITAL.

[Reported for THE MEDICAL BULLETIN by J. W. SUTTON, M.D.]

I HAVE here some specimens which I want to show you, first, this morning. About six weeks before the admission of the woman from whom these specimens were taken, she had been exposed, and had, following that exposure, chill, and a pain in the side.

She came in here with albumen in the urine and with a disturbed stomach. At first, it seemed to be largely a case of chronic kidney trouble, which had, perhaps, been coming on slowly and gradually.

But after coming in here, she had pain in the right hypochondriac region, with tenderness over the liver.

Here is her temperature chart, showing very marked inflammatory trouble going on. The stools had been regular up to about February, when there commenced to be diarrhœa. The stools then were mixed in character, sometimes almost natural, at other times being diarrhœal. The urine was sometimes deficient in quantity, for which we gave her copahine. Then she began to have sudden falls in temperature, falls coming on at quite irregular intervals, sometimes two days, four days, and oftentimes a week apart. These were always the result of hemorrhage from the intestines.

The hemorrhage was never very great, but was always followed by amelioration of all the symptoms.

On March 14th she was better, having had another hemorrhage. After this her diarrhœa was better, following the administration of Hope's camphor mixture. Then came on tenesmus.

On March 18th the patient became stupid; rouses when spoken to, but soon closes her eyes. On that day she passed two clots of blood from the bowels, and vomited coffee-ground material. On the 21st she is still somewhat comatose; the urine still shows albumen; microscopic examination shows no pus and no casts. On the 22d of March she was entirely comatose and did not swallow anything. Her heart seemed to be failing, and we gave her digitalis, which made the heart act somewhat better. She had always a murmur in the region of the aortic orifice. Now, let us look at these specimens; first, the heart.

There is no enlargement or dilatation of the heart, it weighs about ten ounces. Here we have some thickening of the pericardium over the ventricle; looking here at the aortic opening, we see a pretty firm clot, which has been forming for two or three days at least. There is no change in thickness of this ventricle on either side, and no evidence of enlargement or dilatation. On opening it, it is normal. The mitral orifice is normal in size. Now here we come to the aorta; on testing it, I found it leaked a very little. Now, at the aortic valve, you see this great mass of vegeta-

tion. There has been such an ulceration of the valve that part of it has been destroyed and its place taken by the new material which has been formed. There is no evidence of any recent endocarditis. There was nothing in this case whatever which was indicative of heart trouble, save the slight murmur of which I told you. Its origin is explained by this great mass here on the valve. One valve is almost destroyed, and its place taken almost completely by the new formation.

In this state of the heart there was no failure of the heart's action, because the new formation which had taken place was probably competent to take care of the circulation, and therefore we had no regurgitation and no dilatation or increase in the size of the heart because the action of the new formation was so nearly a perfect substitute for the original valve. These kidneys weighed six ounces and a half. The surface is white, slightly granular, and the capsule was, perhaps, a little adherent. Now we come to the organ which perhaps made all the trouble in this case for us. Look at this liver; you see how full of blood it is, but now, as the blood drains out of it, you see how very pale the organ is. The gall-bladder is about the normal length. You remember that the liver was at one time much enlarged, extending half way to the umbilicus; but at the death of the patient it had shrunk back again under the hypochondrium. Here, in some parts, you see the evidence of hepatitis, and in other places there is fatty degeneration of the organ taking place. Now let us look at the stomach. I look at this stomach but find no evidence of ulceration, but I find around the pyloric orifice considerable thickening. I go at least six inches below the pylorus and find no ulceration, but the parts are very much congested. The bowel reminds one more of a big blood stain than it does of bowel. It is sometimes in such cases as this, where there has been obstruction to the circulation, we find even the gall bladder will bleed. We found the rectum very full of blood. I am not surprised at finding no ulceration here, because the bleeding is mere oozing through the mucous membrane; it is simply capillary oozing. You see by the clinical record how valuable to the patient this oozing was; you remember that this patient was always better after passing blood or vomiting it.

I have specimens here of another case, of which I have no history to state. These specimens are from a man about fifty years of age, who came in here about two days ago in a partly comatose condition. He was a very weak man. I never saw him in a condition when he was able to say anything. Examination of his chest revealed some solidification; the urine was very scanty indeed throughout the whole time he was under observation, and nearly suppressed toward the last. His bowels moved, but there was no diarrhœa. The man died apparently from cardiac failure. Now here is the heart which is extremely fatty, and so soft that by simple pressure with the fingers one can almost press through the substance of the walls. You see I have pressed the walls away so that I can almost see through them. There is little change in the kidneys, both are alike. In the intestines there is evidence of a light degree of peritonitis.

We found at the *post-mortem* a small amount of effusion, which was cloudy. In some places we found tubercles. There are ulcerations in the intestines; you see the shape of that ulcer, it is longitudinal, and here, near the ileo-cæcal valve, there is an ulcer that is as near circular as can be. These tubercles are surrounding the ulcers. Now the lungs; here is an area—a wedge-shaped place—which is almost solid with miliary tubercle. They can readily be felt as small sand-like bodies. This man struck me as a man who had been poisoned; the man was slightly jaundiced. Now here we have a liver that is very interesting. Here is a liver that I should say had been perhaps in a state of acute hepatitis at one time, but now it has gone on to a state of acute fatty degeneration.

Here we have, I think, the condition which may be said to have poisoned him and caused his death. I will pass that liver around in order that you may see it. That is hardly such a liver as you would get from puerperal women; it is not as rapid in its changes as you would get from puerperal change.

Here is our malarial case of last week. You remember this man and the chills he had.

After going from the clinic he took sixteen grains of quinine. This was given at one dose, in the morning, and continued every day since he was here. He reports that on the days when he should have had his chill he had a slight chilly sensation. We will continue for a week giving him sixteen grains of quinine a day, and increase this dose to twenty-four

grains on the days when his chill should come on.

This ought to be kept up for a considerable time, a month at least, and then tonics will probably be necessary, arsenic, with perhaps iron. He will then build up and be free from chills, that is, if he does not go back to Arkansas again.

The next case is one where I have been obliged to make a diagnosis by physical signs entirely, because he speaks some European dialect which no one about here can understand. I believe he was sent in here with the idea that he had cirrhosis of the liver, but I fail to find any indication that there was any disease of that kind. His abdomen is perfectly normal, and he has not any effusion; the bowels move, rather slowly, perhaps.

Going over his chest, I did it rather perfunctorily at first, and heard nothing. A day or two after, on opening his garments, I found here over the upper part of his chest an area which was at first blue, and then became dusky. It was an area which, when pressed on, became white, because the blood was pressed away. The man has a feeling of fullness in the epigastrium. Going over his chest I found here, just over the area from about the middle of the sternum to the ensiform cartilage a slight blowing murmur. It did not impress me as being a tricuspid murmur, as it was not of that quality of sound.

With the stethoscope I got a clear aortic sound, and then I got a "whoo," or soft, blowing noise. It is, therefore, very clear with this sound here, and the time at which it comes, and the congestion also, that we have to do with an aneurism. I am under the impression that this man did not show these physical signs when he came in here, some change has gone on since then which gives us these physical signs of the aneurism.

On the back, a little to the left of the vertebral column, is the only point where I can hear the blowing noise at all. The temperature and his urine are both normal.

As I go up the carotids I am not able to hear the transmission of the blowing noise that I got down here so plainly therefore, I conclude that the aneurism has nothing to do with the vessels which come off from the arch of the aorta. I believe that the aneurism is a large pouch, which comes off from one side of the arch of the aorta, so that the vessels which spring from the arch are not interfered with.

And now, as to our treatment of this case. When he came in, as his heart's action was very weak, we gave him digitalis, but when we heard the murmur we stopped the digitalis and commenced with the iodide of potash.

To lessen the blood pressure you must keep your patient very quiet and on a low diet, almost starve him, so as to weaken the force of the heart's action, and then give your iodide of potash in as large doses as possible, perhaps even one hundred and twenty grains in the day, and to do this you must accustom your patient's stomach to it gradually. In these cases where the aneurism is a pouch the iodide has a very beneficial effect. Rest is the essential thing in connection with the iodide of potash in these aneurisms; therefore, you must keep your patient quiet, and it must be absolute quiet, on his back in bed. These cases are always more successful in military hospitals than in civil hospitals, because, in the military hospitals, you can order your patient to keep strictly at rest, and orders must be obeyed.

ORIGINAL COMMUNICATIONS.

RECENT MEDICO-LEGAL CASES.

BY HENRY A. RILEY, ESQ., NEW YORK.

THE legal reports contain many cases where bequests have been made to asylums and other charities for the benefit of animals, and the latest, perhaps, is an English case, where a bequest for a "Home for Lost Dogs" was held valid. The judge said it had been held, in effect, "that an institution for the benefit of animals useful to mankind, by which he said he thought was meant domestic animals, was so far for the benefit of the human species which was served by them that it might be called a charity, and of all domesticated animals those for which men have the highest affection, and by which they are most served are dogs; so that a Home for Lost Dogs appears to me to be as much a charity as a hospital for the diseases of domestic animals."

Such a home as this ought certainly to do a large business during the summer season when the statutes against vagrant dogs are in operation, unless the fact that the keepers of the dog-pound offer rewards for dogs brought to their doors should be found to work more favorably to the pound than to the "Home." The

courts often, however, make decisions which go far to neutralize the good influence of such cases as the one just cited. A court of this kind is a Canadian police court, which recently decided that pigeon-shooting from traps is not "unnecessarily cruel abuse or torture of a bird." The evidence, however, was to the effect that many of the birds were only wounded and crippled, and afterwards had their necks wrung. The solon on the police bench was unaffected by this evidence, but delivered the opinion, that the "intention of the party was to kill the bird; if he failed it was an accident," and dismissed the case. In the city court of New York a different view has been taken of the cruelty of pigeon-shooting from traps, and the unmanly sport has been prevented. Glass balls in the opinion of this court will take the place of pigeons very satisfactorily, and they do not suffer so much pain as pigeons when the shot touches them.

The peculiarities of dog-law are well presented in a recent English case, where a huge St. Bernard dog shook a little boy savagely and tore a piece of flesh out of his cheek. There was no proof of "scienter" or knowledge of the fierce disposition of the dog brought home to the owner of the animal, and the judge said no damages could be allowed. This well-settled principle of law the judge declared to be "barbarous," and like some other well-settled principles is likely, in the future, to be unsettled. The common-sense view, that if a dog or other domestic animal does damage the owner must pay if he allows him to go unmuzzled, will some time or other become law without regard to the knowledge of the owner as to his vicious disposition.

The law of nuisances is of interest to medical men, as it is largely concerned with the violation of health ordinances. In a recent case in the New York Court of Appeals, the action was brought against the New York, New Haven, and Hartford Railroad Company, because it had erected an engine-house adjacent to the plaintiff's residence, and had rendered the latter unfit for occupancy by filling it with smoke and dust, and tainting the air with offensive gases.

The Court held that this state of affairs made the company liable, and a decision in its favor, because the legislature had granted permission for it to erect structures necessary for its business, was reversed.

The judges, in directing the reversal, cited the English case of Hill *vs.* The Managers of Metropolitan Asylum District, saying, that this was an action "for damages, and for an injunction to restrain the use of a smallpox hospital established by the defendants under direction of the Poor-law Board, under authority of the Metropolitan Poor Act of 1867." The Act of Parliament authorized the erection of asylums for sick, infirm, and insane paupers in the Metropolitan Asylum District of London, to be designated by the Poor-law Board, and authorized the purchase, leasing, or fitting-up of buildings for the purpose, and the Act referred to smallpox patients near premises of the plaintiff. The jury found that the hospital was a nuisance, occasioning damage to the plaintiff. The Court, on the hearing, granted an injunction, and the case was appealed to the House of Lords, where it received great consideration, and the judgment was affirmed.

The defendants justified under the Act of Parliament. The judges, pronouncing opinion, conceded that according to the settled doctrine of the English law, if Parliament had expressly authorized the construction of the hospital upon the very site where it was located, its use in the manner and for the purpose contemplated could not be restrained by injunction, except in so far as it was negligent, although such use should constitute a nuisance at common law, and no compensation would be due in respect of injury to private rights unless provided by the act. But it was held that the statutory sanction sufficient to justify the creation of a nuisance must be express; that the particular land or site for the hospital must have been defined in the Act, or, as held by one of the judges, it must appear that the Act, while defining certain general limits, could not be complied with at all without creating a nuisance, and its performance was made imperative.

The attention of apothecaries, and especially those who are fond of foot-ball is called to the following extract from a law-book of the time of Cromwell: "Kent—Before the justices of the peace it was presented, that at Maidstone, in the county aforesaid, John Bistrop of Maidstone aforesaid, in the county aforesaid, apothecary, with force and arms did wilfully, in a violent manner, run to and fro, and kicked up and down in the common highway and street within the said county and town, called the High Street, a certain ball of leather, commonly

called a foot-ball, unto the great annoyance and incumbrance of the said highway and to the great disquiet and disturbance of the good people of this Commonwealth, passing in and travelling in and upon the same, and in contempt of the laws, etc. And to the evil example of others and against the public peace."

This was the English form of indictment, but it does not appear whether the said apothecary was convicted or not.

It might not be amiss to imitate this action in the cases of some of the students of Yale and Princeton Colleges, in view of recent occurrences at foot-ball matches.

A very strange and revolting case is given in the papers as follows: A man named W. P. Clarkson, living near Danville, Ky., who was a prohibitionist, went to make a Christmas call on Daniel Twaddle, an anti-prohibitionist, and found the latter drinking egg-nog. Twaddle was Clarkson's employer, and he insisted that Clarkson should drink with him because he had "given him a job at the factory." Clarkson didn't like this, but finally yielded in order not to give offence. Then Twaddle made him take another to prove his friendship more thoroughly, and finally made Clarkson drunk.

This was so great a triumph in view of Clarkson's activity in the temperance ranks that a lot of rowdies were called in to witness the spectacle. They took the helpless Clarkson and poured liquor down his throat till he was dead, after which they took up his body, put it in a wagon, raised a banner over it inscribed, "Prohibitionist, died December 25th," and drove to Junction City, making an exhibition of their awful trophy.

This mode of taking life was so much out of the ordinary course in Kentucky that the coroner's jury did not know how to deal with it, and sent it to the commonwealth's attorney for advice, no verdict having been rendered yet. But among the decent citizens of Danville it caused the greatest excitement, and it was thought likely that a mob would take jurisdiction of the case.

In a recent letter from Prof. Unna, of Hamburgh, he says that he will present two papers at the meeting of the International Medical Congress. He says "the nearer the time approaches for the meeting the more apparent it becomes that there will be a large and representative gathering from this section of the world to the Congress."

ANNUAL ADDRESS.

DELIVERED AT THE COMMENCEMENT EXERCISES OF THE MEDICO-CHIRURGICAL COLLEGE, AT ASSOCIATION HALL, THURSDAY EVENING, APRIL 7, 1887.

BY P. D. KEYSER A.M., M.D.,
PHILADELPHIA.

IT is with profound feelings of gratification that I tender congratulations on again meeting you, on this occasion, to welcome these young men into the honorable profession of medicine.

This custom of holding these public gatherings on such an occasion seems to be wholly an American one; and it is one, not only pleasant to the audience present to hear the strains of fine music and to see the beautiful flowers, but especially must it be so to the modest and bashful young graduate (who, as a medical student, is always noted for his shyness, modest and decorous manner) to be so pleasantly presented to the public as a full-fledged, titled, and decorated Doctor of Medicine, ready and prepared to cure, or rather to try to cure, all the ills that man is heir to. Come what will, they know that they have entered a profession that is noble and honorable in the highest; one requiring the highest of education, thought, determination, and self-sacrifice.

Carlyle, writing on the medical profession, said, "What profession is there equal in true nobleness to medicine? He that can abolish pain, relieve his fellow-mortal from sickness, he is indisputably usefulest of all men. Him, savage and civilized will honor. He is in the right, be in the wrong who may. As a lord chancellor, under one's horse-hair wig, there might be misgivings; still more, perhaps, as a lord primate under one's cauliflower; but if I could heal disease, I should say to all men and angels, without fear, *en ecce!*" Such, ladies and gentlemen, is the opinion of a great man; but he is not the only one, nor alone, who pays homage to the power and calling of the physician; the whole world pays homage to him at times, especially when called upon in great emergencies as those of war and epidemics.

It is curious, in looking over the history of the world, how all the different nations and peoples produced their schools of medicine, excepting one—that of the Jews. The Israelites embalmed seventeen hundred years B.C.,

but never produced a school of medicine. The Greeks, the Romans, the Egyptians, were famous for their medical schools. Medicine even flourished under the caliphs. The Arabs had great physicians. But the Jews none of note until the present century, except one, who, although an Israelite by birth, was not acknowledged by them. He, it is true, was not a physician by study, but a healer of sorrows as well as sickness by natural gift of Divine influence.

In the early years of Christianity the priests, who were the learned men of that time, were the physicians. They were ardent students in botany and alchemy. The study of the medical sciences became so absorbing to many of them that, it interfering with their clerical studies and duties, attracted the Council of Laodicea, which sat in A.D. 366, and it forbade priests studying medicine. This did not, however, deter them, and they still continued on in their humanitarian mission until 1163, when Pope Alexander III. prohibited them from studying either medicine or law. But, nevertheless, they still continued, until 1215, when Pope Innocent III. issued an anathema against surgery. This put a stop to the priests taking up the study, and since which time physicians have been laymen.

The history of the rise of medicine is a very interesting one. Throttled everywhere and at every point by ignorance and superstition for many centuries. Up to the sixteenth century dissection of the human body was forbidden by the Church and the law of the land, as well as the general superstition of the people. All the knowledge of anatomy acquired was from animals. The study of comparative anatomy was really the first step, but naturally some inquiring or inquisitive minds, searchers for the truth and real knowledge, must even surreptitiously study the human body, under all the dangers and bans of the land and Church by dissecting the human cadaver; and it was not until the fourteenth century that the first dissection and demonstration of anatomy on the human subject was made before pupils, and that was done always in strict privacy. So great was the superstition and stringency of the law against the practical study upon the human body up to nearly the seventeenth century that, when done, it must necessarily be accomplished in secrecy, and the prayer of protection was rendered up to the crucifix, always hanging in the room before beginning the desecration, as it was termed, of the human body. The discussions which took place then among medical men of the different countries, more especially those of Italy, became so warm and energetic, that at last appeals were made to permit the proofs to be demonstrated on the cadaver. This being once granted, the way was open for the rapid progress that took place immediately after. It was during this period that Eustachius discovered the valvular structure of the heart, and Harvey expounded the circulation of the blood. With these discoveries came a new impetus for scientific research, and most brilliant have been the discoveries and advances in medicine and surgery; and many men have become so famous for their discoveries and researches that, like the planets in the heavens, their names will stand out luminous to the world forever.

As education in the early centuries was not spread out, the really learned men and students were few in proportion to the mass of the people, and as many more were of the ignorant and charlatan class. Lord Bacon was justified in making the remark that, "Medicine is a science which hath been more professed than labored, and yet more labored than advanced: the labor having been, in my judgment, rather in circle than in progression, for I find much iteration and small progression." If he was living now he would hardly express himself so, although we have just such charlatans in and out of the profession at this day, running around all over the country seeking whom they may fleece or devour. What is most astonishing is that their prey does not always consist of the ignorant and illiterate class, but often many of the most refined and educated become their ardent supporters.

Doctors, like men of other professions and trades, had their peculiarities of dress and other signs to distinguish them and catch the trade. They wore large horse-hair wigs, at times, peculiarly cut and colored coats, and invariably carried staffs or long canes. This physician's cane is a very ancient part of his insignia. It is, happily, now disused, but there was a time when no doctor of medicine would pay a professional visit or be seen in public without his mystic stick. This cane always had a knob at the top, of ivory, silver, or gold, so that, no doubt, the chin could be rested thereon, in the act of or pretence of looking wise

and learned, and as if thinking seriously over the case. There is often much to be gained in this act and look of wisdom, as I have no doubt some of the audience are aware of. It creates at times great confidence, and, no doubt, the thought in some minds, however weak they may be, of "a Daniel come to judgment." The stick that was so sacredly carried was, no doubt, a relic of the conjurer's paraphernalia, with which he, in ignorant and superstitious times, worked upon the imagination of the credulous. It was a relic of old jugglery, and one of those baubles which, from our conservative tendencies, was difficult to sweep away without some grave necessity. Not many years ago all the physicians and students, or a very great majority of them in this city, seemed to think it incumbent upon them to distinguish themselves by wearing always a high black silk hat, a long black frock coat, and carrying a round gold-headed ebony cane.

Possibly in ancient times the physician's cane was used as a means of medical treatment, for it is well known that fustigation was believed in as a sovereign remedy for bodily ailment, as well as moral failings, and a beating was prescribed for an ague as frequently as for stealing. Octavius Augustus was beaten for sciatica, and Campanella believed that it had the same effect as colocynth administered internally. Galen recommended it as a means of fattening people. Gordonius prescribed it in certain cases of nervous irritability. And there is on record in the writings of Sir Astley Cooper, of a case in which club tincture produced excellent results on a young patient, a malingerer, to whom Desault, the great French surgeon, gave a liberal dose of it.

It is a well-known saying that there is nothing new under the sun, and that as the world rolls around everything comes in vogue and fashion again. Can we not see in the introduction of the manipulations, massage and beatings, the return to the times of the physicians' and surgeons' canes? I sincerely hope, however, that it will never return to the fashion and necessity of our profession being obliged to carry the cane again for the same purposes. Also, in the earlier times the physicians were not surgeons, the latter being educated in a separate branch of the healing art, and were divided into classes, beginning with the barber, up to the learned and renowned surgeon. By an old English statute, up to the eighteenth century barbers were compelled to use a pole as a sign to designate their places of business. The barbers' were painted blue and white, while the surgeons' were blue, white, and red striped, to denote the particular nature of the vocation of the resident. The blue color represented the venous blood, the red the arterial, and the white being symbolic of the bandage used in tying up wounds, etc. This combination of barber and surgeon poles was commented on in 1703 in the following lines:—

"In ancient Rome, when men loved fighting,
And wounds and scars took much delight in,
Man-menders then had noble pay:
Which we call surgeons to this day.
It was ordered that a huge, long pole,
With basin deck'd should grace the hole,
To guide the wounded, who unlopt
Could walk, on stumps the other hopt;
But when they ended all their wars,
And men grew out of love with scars,
Their trade decaying, to keep swimming,
They joined the other trade of trimming,
And to their poles, to publish either,
Thus twisted both their trades together."

Fortunately, this has all passed away in the advancement of our studies, and that the physician and surgeon are one in studies and one in the man; that there is no necessity for his wig or cane to designate him or to be his sign in trade. His qualifications are to be judged only by his education and knowledge, which at this present day are being brought up to the highest and most thorough standard. The necessity of a well-trained mind, previous to and in the study of medicine, is as well conceivable as in that of the other learned professions. It is impossible to take up scientific books and read them understandingly if the mind has not been properly prepared to do so. The thinking and reasoning faculties must be educated, for they play a very important part in the practice of medicine. The thinker observes and studies closely the phenomena of nature, evolving therefrom new ideas and principles which, under the test of experience, deduces from actual observation the belief or disbelief of the truth or falsity of his subject, let it be in the whole or in part. A wide observation, with large experience, ripens judgment, which will obliterate all narrow sectarian boundaries that circumscribe the utility of a physician. It is not the man who follows blindly the thoughts of others, repeating, parrot-like, what he is taught, and never seeking to establish a position for himself as one of the galaxy of searchers after the truth and falsity of things, who will stand out in the future as a benefactor of man

kind, but rather he who is constantly studying, analyzing, comparing, and putting all statements to the test of experience; who seeks to study for himself the problem of life and not leave it always to others.

As remarked by a recent writer: "The history of medicine may be likened to a great river, flowing now slowly, now rapidly on the sea, with many lesser streams seeking new channels, but which must ever return sooner or later to the parent stream, and bearing with them often much which the main current failed to pick up in its steady but certain flow." Thus true science, in its ever onward march, must break down and cast away all barriers that lie in the pathway of truth and real progress, leaving only thoroughly elucidated scientific medicine for those whose mission is the highest physical welfare of mankind.

When education was not so rife and doctors so cultured there was a prejudice against erudite and literary physicians, and as a rule such did not prosper as medical practitioners. The public harbored towards them suspicions and unfavorable opinions. It was presumed that a man cannot be a master of two trades at the same time, and where he professed to carry on two it was usually concluded that he understood neither. An old proverb says, "Every man is a physician or a fool at forty." Sir Henry Halford happening to quote this old saw to a circle of friends, Canning, with a pleasant humor smiling in his eyes, inquired, "Sir Harry, mayn't he be both?" This remark of Canning's, in a literary and medical sense, applies to the physicians of this century; for the number of brilliant writers who are enrolled in the medical fraternity is remarkable, and they have derived much benefit from their writings and conferred lustre on the profession. The very connection of literary studies with that of the sciences, be whatever they may, enhances the value of both. They lead into deeper thought and more profound reasoning, and give the power of laying the result before the world. It proves, then, that the physician should be thoroughly educated so as to more perfectly understand his subject and entice him to further research for the benefit of his profession and the amelioration of the sufferings of man. He needs no wig or cane or arts and tricks of the charlatan for success; his work alone will speak for him in clarion tones throughout the land and place him foremost in the profession.

With these preliminary remarks, gentlemen, let me extend to you the hand of professional friendship, and greet you Doctoræ Medicinæ. Let me remind you that although all scientific studies are cosmopolitan, you should have an affection for your Alma Mater, as she always loves her children; and remember that in laying the foundation for your future studies she did it with the hope that you would hereafter acquit yourselves with honor in everything you do. Let no greedy desire for gain swerve you from the path of honesty and duty. Do not attempt by arts or tricks to enter the profession, but be true to yourselves and your fellow-man, and all the world will be true to you. Continue to study; think not you have learned all that is necessary and that you are full of wisdom. The first degree of folly is to think one's self wise, and the next is to tell others so; and the desire of appearing to be wise prevents one becoming so. You have entered a profession of labor and trouble, but crowned with love, magnanimity, and pleasure. You must work, work, work for success. Let your aim be high, for it matters not how many are before you there is always room on the top. Be ever ready to attend the suffering and give relief if possible.

"Help whoever, whenever you can,
Man forever needs aid from man;
Let never a day die in the west
That you have not comforted some sad breast."

ORATION.

DELIVERED BEFORE THE ALUMNI ASSOCIATION OF THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA ON THE EVENING OF THURSDAY, APRIL 7, 1887.

BY DUDLEY S. REYNOLDS, A.M., M.D.,
LOUISVILLE, KY.

COMING to the chief centre of learning in the United States to discuss questions of education I know requires some degree of boldness, not to say self-assurance, lest the memories of Rush, Physick, Meigs, and Gross may rise up in the minds of those who are assembled in this temple of learning to confound my speech and make my poor utterances seem contemptible in comparison.

The importance of my theme, and the interest I naturally hope to awaken in the minds of this audience, embolden me to make the attempt to discuss, in a few brief sentences, some of those great questions which have occu-

pied the greatest intellects in the busiest moments of their most important and beneficent enterprises.

When anatomy was studied in a few of its meagre outlines merely, and for the most part in secret, there came forth a man named Monroe, in the great city of Edinburgh, where Benjamin Rush, Ephraim McDowell, Walter Brashear, David Hosack, and Ben Dudley received their first medical training, and with the force of great eloquence and a thorough mastery of what appeared at that time all of the details of anatomy, investing the dry bones of the skeleton with a fascination but little less forcible than that with which the immortal Shakespeare has clothed the cowardly assassin of Duncan, Scotland's famous king. Monroe was so great in his style and manner of teaching that the medical school at Edinburgh became for the time the leading medical institution of the world. From that day to the present the study of anatomy has been rendered simple and easy.

An ambitious physician of that time, jealous of Monroe's great success and reputation as a teacher, built a hall in Edinburgh and established therein a museum of anatomy. To his amphitheatre he invited the students and practitioners of medicine to hear him lecture and witness his demonstrations. He rattled the dry bones before his audience with such energy, and spoke with such eloquence, that he soon robbed the great university of all its students at the time of the usual lectures on anatomy. This man's boldness in exhibiting the skeleton, and even the cadaver itself, for purposes of demonstration aroused great excitement, but the earnestness with which he prosecuted his work finally won for him that success he so much deserved.

This may be said truly to have been the very beginning of illustrative methods in medical teaching. It was a long time, however, before other branches of the curriculum advanced beyond the prevailing theories of a few leading men.

On the 9th of July, 1790, Dr. Benjamin Rush stood in the hall of the College of Physicians in this city and delivered an eulogium upon the life and character of William Cullen, the author of a new system of medicine. Said Dr. Rush: "This illustrious physician was the preceptor of many of us; he was, moreover, a distinguished citizen of the republic of medicine, and a benefactor of mankind; and, although like the sun, he shone in a distant hemisphere, yet many of the rays of his knowledge have fallen upon this quarter of the globe. Dr. Cullen possessed a great and original genius in discerning the relation of distant truths by the shortest train of intermediate propositions. His imagination surveyed all nature at a glance, and, like a camera obscura, seemed to produce in his mind a picture of the whole visible creation. His knowledge was minute in every branch of medicine; he was a great anatomist, and an ingenious physiologist; he enlarged the boundaries and established the utility of chemistry; he stripped materia medica of most of the errors that had been accumulating in it for two thousand years and reduced it to a simple and practical science."

At the time Cullen made his appearance as a teacher the doctrines of Boerhaave were universally prevalent; Boerhaave believed all diseases depended chiefly on the presence of certain acrid particles in the fluids of the body, and in a departure of these, in point of consistency, from the natural state.

Says Dr. Rush: "Cullen's first object was to expose the errors of this pathology, and to teach the public to seek the causes of disease in the solids."

Cullen's theories concerning the nervous system so impressed his eulogist that he boldly proclaimed "no man would ever unravel the operations and the whole nature of the nervous system without being forced to acknowledge that the foundation of his successful inquiries was laid by the discoveries of Cullen."

The pathies and isms arose, and flourished for the edification of imaginative people. The few facts pertaining to every branch of medical education, excepting anatomy and botany, were so scattered as to defy every attempt at establishing principles, until finally Billings came, and the new pathology of Simon opened up new fields for speculation and experiment.

Dissection became a recognized part of the curriculum, and was openly announced as part of the requirements in all the best schools.

John Hunter's great thirst for experimental knowledge had now well nigh taken hold of the world, when Jenner came as the apostle of a new creed, based upon the experiences of the humble dairy-maids. Vaccination as a protective measure against the smallpox remains an unexplained fact.

Presently instruments of precision began to

be employed; vivisections of inferior animals were made, and the science of biology began to receive fresh attention; the humoral pathology, homœopathy, Thompsonianism, and all the "isms" and "pathies" paled into so many dim shadows over the fields of former conquests.

The medical student now, instead of sitting patiently by the hour listening to the beautiful sophistry with which individual theories and hypotheses concerning the nature and character of disease were supported has, at length, come to the point where demonstration of the theories and illustrations of the methods of practice are demanded.

The growth of medical education, it may be said, has been slow. Twenty-five years ago there were, indeed, but few schools in the country where clinical and laboratory instruction formed anything like a prominent feature of the curriculum. The result of these practical methods of inquiry and the substitution of the few demonstrated facts applicable to the study of disease has been wonderful. A great and new science of pathology is now established upon the ruins of Cullen's popular theory.

The great Pancoast comes no more to stand before you with burning lips and irresistible arguments, to convince you of the superiority of his method of treating wounds; in his stead, the gifted son invites you now to the dispensary and to the clinic-rooms, that you may see for yourselves the masterly touch of his cunning hand in the adjustment of fractured bones, or witness his skillful methods of staunching the flow of the crimson tide in wounded arteries. You are not asked to believe upon the mere statement of your professor of chemistry, whose beautiful experiment of the consuming powers of oxygen and the frigid powers of carbonic acid gas are, upon the one hand, the life-giving force in the atmosphere we breathe, and on the other, the death-dealing force in the dark recesses of subterranean caverns. He does not content himself with telling you that carbonic acid gas is evolved from the mixture of sulphuric acid and carbonate of lime; but proceeds at once to the demonstration, and, with the magical processes of his art, he compels every member of the class to become practically familiar.

In the pathological laboratory, which is an institution of comparatively recent device and origin, you now study in the dead subject the nature and extent of those changes wrought by disease.

Experimental research has at length brought to light the startling fact that nearly all of our diseases, and especially the contagia, arise from specific micro-organisms, which, although their life histories have been studied with great minuteness of detail, cannot with certainty be classified as animal or vegetable in their nature. A minute rod-shaped body, called by its discoverer, Dr. Robert Koch, the chief of the great "Gesundheits Amt," of the Prussian empire, the *bacillus tuberculosis*, is now universally recognized as the cause of all tuberculous processes in man and the inferior animals. It has likewise been discovered by experiment that this bacillus is wafted in the air; that it grows in lymph by preference, and when inoculated or injected beneath the skin, it passes into the blood-current, and there seizes upon the germinal matter, or sarcode of the white blood-cell, arresting the cell instantly in its course, causing it to assume enormous dimensions, interfering in that way by obstructing the blood stream, and, presently, when it ruptures to discharge its myriads of spore-cells, to attack in like manner contiguous leucocytes, until the current of blood in that tube is arrested. This of course speedily brings on those changes characterized by heat, pain, redness, and swelling.

Now, when the bacillus is breathed into the air passages, if the whole of the respiratory membrane be sound upon its surface, the bacillus will not grow, but will find a temporary lodgment in the mucus, and presently be snuffed up and hawked out, or coughed up and expectorated. If, however, these bacilli or their spore-cells lodge upon an abraded surface, where they gain ready access to the lymph-tubes, they colonize and grow there, and, by slow invasion, the whole pulmonary lymph system may be destroyed. With these facts, we are at once prepared to appreciate both the means and the reason why tuberculous disease generally invades the respiratory organs first, and why tuberculosis as an inheritance generally proves fatal to the infant.

The specific cause of suppuration in wounds has recently been brought to light in the discovery of microbes, which collect in groups, and which, when assembled in large numbers, present a golden-yellow tint. This is called

the "staphyloccus aureus," and to some recent experimental researches of Professor Cornil, of Paris, and Prudden, of New York, we are indebted for the demonstration that suppuration in wounds is invariably the result of the presence of this microbe.

Scarcely less brilliant have been the discoveries in chemistry and physiology. Merck, of Darmstadt, has at last succeeded in producing, by synthesis, many of our most valued therapeutical agents, and in 1879 he brought forth a new product by this agency, which is now known and prized by every ophthalmic surgeon in the world.

In testing the refraction of the human eye it is necessary to suspend the focusing power, in order to secure accurate results. For this purpose the sulphate of atropia, long in universal use, required, in many cases, from three to five days' constant use of the drug to bring on complete suspension of the accommodation, and then from twelve to fourteen days were required for the patient fully to recover from its effects. The hydrobromate of homatropia, made by the synthetical method of Merck, whilst at the same time free from toxical effects, is speedier and more uniformly efficient in suspending the accommodation than any drug hitherto employed for that purpose, complete suspension now being possible within the brief space of an hour and a half, and all signs of its effects disappearing uniformly within thirty hours. It is likewise powerful for the relief of pain, and may be instilled into the eyes of children with perfect impunity in solutions of the same strength as are used for adults.

Further, the manufacturing chemists now separate the active principle from the crude drug, and prepare our most potent medicines in granules, triturates, and compressed tablets, all divided for convenient use. With the exact knowledge now conveyed to the student of medicine in the clinic rooms and laboratories of our colleges, the minutiæ of scientific processes must be mastered, and the graduate, armed with these powerful weapons of so many exact sciences, goes forth to practice in communities where general intelligence makes closer discrimination as to the qualifications of the medical practitioner than were made in former years. The aid of legislation has in recent years come forth as a thunderbolt from the people against empiricism and quackery.

In this great commonwealth your legislative authority has wisely ordered that no man shall practice without a diploma, duly signed by one of the lawfully constituted faculties of instruction in a regularly established medical college in Pennsylvania. In the old State of Virginia, and in some other States, diplomas are no longer recognized as license to practice medicine, but are demanded as preliminary to the examination of the holder, who is an applicant to practice in such States.

Now, with these powerful agencies of the law encouraging the efforts of able and earnest teachers in the regularly established medical colleges of this country, there is no danger that too many people will qualify to practice the art of healing. There are, of course, many commercial schools throughout the country pretending to give instruction in medicine. These are found in almost every State, and the holders of their diplomas may be found in our cities driving the street cars, washing bottles in suburban drug-stores, and in many cases pointing horse-shoe nails, or gently guiding the brush of paint over cold brick walls of our houses. With the rapidly growing population of this country we have no excess of medical colleges, and there is, like Webster said to the student of law, always plenty of room in the higher walks of the profession. In the lower grades you shall gradually witness the decay that ignorance always suffers in the presence of scientific research.

Do not understand me to say that the practice of medicine itself shall ever reach the dignified plane of an exact science. The uncertain tenure of life, and the varying degrees with which the vital forces operate in the economy, taken together with the varying conditions in which they operate, make it impossible; yet, by the aid of experimental study, the present generation has witnessed the discovery of the cause of nearly all the infectious contagia; and, in their treatment, the ounce of prevention may now wisely be ordered. For most of them the pound of cure has not yet been isolated. May we not hope that some one of these young gentlemen just admitted to the ranks of the profession this evening shall achieve this great goal for which we are all striving? May we not hope that, great as have been the giants in the medical profession in this metropolis, greater genius is now being bent into the same channels, and that the march toward perfection shall not be abandoned by a single one among

them until the devotees of medicine shall be able to establish a universal science?

Fortunate are you, gentlemen, to have enjoyed the high privilege and distinguished honor of receiving your medical education in this noble institution; fortunate to have lived in this age of discovery; and, deriving your first lessons at the centre, may you march through every inch of the circumference to a brilliant and noble career.

SELECTED ARTICLES.

A PRACTICAL PAPER ON PNEUMONIA, WITH ESPECIAL REFERENCE TO ITS TREATMENT.

BY JNO. HERBERT CLAIBORNE, M.A., M.D., ETC.

WHAT is pneumonia? The past doctor says: "It is pneumonitis—inflammation of the substance of the lungs," *vide* Sir Thomas Watson. The present doctor says: "It is a general febrile disease, with local lesion and manifestation; or, it is an acute specific disease of infectious nature." The future doctor says: "It is a zymotic disease, with its own microbe and bacillus."—Klebs. I feel a difficulty in deciding the question. I can only say there does seem to be a growing belief in some quarters that the disease is specific and infectious.

An old physician, who has been buffeting the sickness of these latitudes for forty years, has just come in, and looking over my manuscript asks: "Does any sane person think that bilious pleurisy (pneumonia) is catching!" I do not like to adventure my mental status on an affirmation, and am content to refer him to Kuhn, to Cohnheim, and other Germans; to the Dublin Medical Journal, as far back as 1874, and, coming home, to the United States Sanitary Reports, of an endemic of pneumonia at St. Louis barracks; to the recent and constant discussions in the medical societies and associations everywhere—*et als., et als.*

I only got from him a comment more vigorous than elegant, and resume my story; asking, in my own turn, of any one who may be wise enough and who will be good enough to reply: 1st. Whether, if pneumonia be really a specific and infectious febrile disease, there should not be observed in connection with it, following the analogy of similar diseases, some *certain, regular,* and constant prodromata? 2d. Whether there should not be, following the same analogy, some *known* or at least *conjectural period of incubation?* 3d. Whether there should not be some *typical range of temperature?* 4th. Whether there should not be some *characteristic* or pathognomonic *surface phenomena?*

If these queries can be truthfully answered in the affirmative, and the facts be established by careful critical observation, then the modern pathologist may correctly assume that the disease is self-limited, that it will determine by crisis or by lysis on a periodic day, and that the pneumonic lung no more requires treatment than the intestinal ulcer in typhoid fever. The pneumonitis, the local inflammation, would then require no treatment, the agents by which we were wont to attack and to arrest local inflammation would have no place in our therapeutics. However high the grade of inflammation or the degree of temperature, no aconite, no tincture veratrum, no gelsemium, no quinine, no calomel, no antimony, no cordial sedative, no venesection, no cupping, no blistering, no counter-irritation, would be appropriate or fitting. Absolute rest, an oiled-silk jacket, and regulation diet would supply the only armamentaria necessary. Trusting in its self-limitation, and in the acknowledged tendency of all acute disease to terminate in health, one might be content to leave the patient alone, and quietly wait for the critical day to establish convalescence. Or, if we can accept zymosis as the true etiology of pneumonia, and can corner and catch its microbe, as Klebs claims to have done, we can further simplify and rationalize the treatment, and find in corrosive sublimate, carbolic acid, the bi-sulphites of soda, quinine, etc., antiseptics and septicides, which will no less certainly than scientifically cure the disease by counteracting the cause or killing the germ. But whatever theory we may adopt as to the etiology of the disease, one fact is patent and indisputable; pneumonia is pneumonitis, an inflammation of the lung; and the practical and pertinent question will daily arise to the general practitioner, whether he can ignore that fact, and treat his patient in total disregard of the remedies and regimen, with which, from the days of his fathers, inflammation has been met and combated. If the day has fully come for the do-

nothing policy and practice, then the homœopath has properly come, and we should receive him as a man and a brother.

It is proper, perhaps, that I should say that the pneumonia to which I refer, and of which I am trying to write, is what was called pneumonia simplex some thirty years ago; fibricus pneumonia by the French—lobar, or croupous pneumonia now—in refined distinction from lobular or catarrhal pneumonia, which, perhaps, would have been styled by Louis or Laennec capillary bronchitis. But I have no disposition to quibble over names or non-essentials: I only wish my reader to know what I am writing about, even should he think that I do not know very well myself.

There is no disease with fewer objective symptoms whose diagnosis is plainer than the diagnosis of pneumonia, the pneumonitis of which I would speak. A very moderate aptitude in reading physical signs renders its detection almost indisputable; nor are its pathological conditions very variable in any given number of cases. Yet I confess that there is no disease which I approach with greater uncertainty as to what my treatment is to be, nor in which I am less disposed to thumb authorities or to seek counsel from books, whatever the difficulty or the gravity of the case. In each individual case I feel as if I were meeting an enemy on his own ground, without any supports or reserves to my own forces; and if I fight with more courage, now that experience has begotten more confidence, I still fight warily and with great caution, lest the patient should die of the doctor rather than of the disease.

Climatic changes, endemic influences, constitutional peculiarities, age, season, sex, prior or repeated attacks, present condition of patient, all combine to affect or to influence the treatment, and to render an account or description of any general treatment difficult and unsatisfactory. In my experience the enemy must be met alone and without aid, and each case treated on its own merits. I array myself in the ranks, however, of those who believe that something can be done toward the conduct and the cure of a case of pneumonia; and that pneumonitis is not more necessarily compelled to pass through the successive stages of engorgement, red hepatization, and death, than dermatitis is compelled to pass through the respective stages of irritation, engorgement, suppuration, and gangrene. I believe that inflammation can be cut short, cured, jugulated; and inflammation of the lung as readily as inflammation of the skin. I think I have seen it done; I think I have done it myself. How? I may be asked. The best reply to this question, so difficult to answer, I will attempt by quoting a few cases from my note-book:—

"Case XXIII.—Pneumonia; December 5, 18—, nine o'clock, A.M.; W. S., aged fifty-five, farmer, ordinarily in good health, was taken last night at seven o'clock with a chill and pain in the right side; did not get warm until nearly midnight; has had fever, he says, since that time, respiration oppressed and difficult, constant hacking cough. He expectorates a scanty, viscid, rusy sputa; says the pain is just under the right nipple—not acute except on forced inspiration. Pulse 88 (normal rate 60), moderately full and firm; tongue clean: skin moist; thirst and anorexia. Physical signs: Respiration feeble throughout left lung, from inability or unwillingness to take a full inspiration. At top and middle of right lung, respiration harsh, scarcely bronchial. Throughout lower lobe there is a fine crackling râle. No appreciable dullness on percussion. He says that he knows he has pneumonia; he had it before several times, and is very much discouraged at the return of his old enemy.

"Applied three wet cups to anterior chest under right nipple, three posteriorly under the scapula, and then the following:—

℞. Hyd. mite chlorid . . . grs. xij.
P. Dover . . . grs. x.
P. ipecac . . . grs. ij.
Sulph. quin. . . . grs. xviij.
M. Ft. charta No. iv.
Sig.—One powder every four hours.

"December 6th, nine A.M. Slept well last night; has had one operation, dark, thick, and viscid. He expectorates freely now of the pathognomonic sputa; breathes more easily; pulse 70, softer and smaller; temperature lower; says he is more comfortable every way. Physical signs: Respiration in upper lobe of right lung, bronchial; bronchophony well marked; crepitanus ronchus in both lower and middle lobe; some dullness on percussion.

"Ordered syrup scillæ comp. gtts. xx, every three hours in wineglass of warm flaxseed tea. Five grains of quinine at once and five tomorrow morning.

"December 7th, nine A.M. The patient is

sitting up in an easy chair; had a good night; no difficulty of breathing; no pain in side this morning. Yesterday he expectorated freely all day of the pneumonic sputa, but to-day it is scarcely stained; appetite returning; allow oyster soup. Physical signs: Traces of crepitant râles yet throughout middle and lower lobe of sick lung, but lung expanding under full inspiration; appreciable dullness on percussion. Continue expectorant, and repeat quinine daily.

"In one week this gentleman was out; says that he never got out from an attack before under two months; had an attack every winter and removed his residence to the city on that account; never took quinine before, except as a tonic in third or suppurative stage."

In this case, as in almost every case of pneumonia occurring in this section, in persons who have been exposed in highly malarial localities, the primary chill resembles the cold stage of an intermittent fever, and the inflammation of the lung comes on with the reaction, and these cases can be often cut short, jugulated by the prompt exhibition of the great antidote to malarial poison, quinine; and we give the quinine not as an antipyretic but as an antidote. In pneumonia of the character described in the case of Mr. S., we rarely need an antipyretic; the temperature is not often above 101.2° Fahr. We give the quinine to prevent the recurrence of the daily exacerbation and reaction, during which the crippled lung suffers renewed engorgement and incurs renewed danger of choking (hepatization), from which it with difficulty recovers. Sometimes we give the antiperiodic in larger doses, and for three consecutive days, according to the intensity of the poison and the severity of the symptoms. But quinine after the third or fourth day, in cases of the type just quoted, is useless, worse than useless; it is depressing and dangerous, except in smaller and tonic doses. We combine the quinine with mercury, with ipecac, with opium, or with antimony, as the state of the secretions require—that is, when the sputa is scant and viscid, and the pain or nervousness of the patient requires an anodyne; but when none of these remedies are indicated we give the quinine still, freely and to cinchonism. I do not know of any combination of circumstances or of any idiosyncrasy which would justify the omission. In those grave cases of pneumonia called typhoid pneumonia, with which every physician is familiar who has ever practiced medicine for any length of time in a malarious country, and cases that often run their fatal course in from forty-eight hours to three days, and when the grade of inflammation is not sufficiently high to give rise to the fibrinous deposit in the lung, but when the sputa, instead of being sticky and oak-leafed as here, are but dark, thin prune-juice effusion from the engorged pulmonary capillaries, where the nervous system is prostrate and unstrung from the beginning, and the patient anxious and alarmed, I know of nothing which offers so much hope as opium and quinine—three grains of the latter and half grain of the former—every three hours, without mercury, without ipecac, without an expectorant, without a cathartic, without any reference to the secretions or to the stage of the disease. If this treatment with brandy and milk *ad libitum* does not save the patient, he is past hope. An excellent adjunct is a large fly-blister, kept on for only a few hours, and then taken off and a hot poultice substituted. These are cases in which there is no time to fool over an oiled-silk jacket and ptisans.

Per contra, quinine and opium, or quinine, opium, calomel, and ipecac, the routine treatment in a great part of this lower or tide-water country, cannot be relied upon or recommended in every case of pneumonia. In open, sthenic, uncomplicated croupous pneumonia, amongst a people not exposed to miasmatic influences, I have not found quinine of any especial benefit in any combination with other remedies. As a sedative or as an antipyretic it has not been a reliable remedy in my hands. Tincture of aconite, digitalis, veratrum viride, and better than all, in certain cases, bloodletting, as unorthodox and as unfashionable as it may seem, have served me in its place. I will instance two cases, types of others, which I have recorded, and which will probably give the idea that I would like to impress.

In January, 18—, after having been absent from my practice for a week, I was called to take charge of one of my patients with pneumonia, on the fifth or sixth day of the disease. She was a young lady eighteen years of age, in full health when taken sick, plethoric and red-blooded, and without exposure to, or possibility of, malarial poison. She had had the usual treatment of this section, quinine, calomel, opium, ipecac, etc., but she had not im-

proved. On the contrary, she was growing worse. The inflammation involved perhaps two-thirds of the right lung; there was dullness on percussion, and, on auscultation, well-marked crepitans rhonchus. The sputa were scant, viscid, and pathognomonic; the pulse 120, small, quick, and corded; respiration was hurried and oppressed, and the patient restive, agitated, and alarmed. I at once proposed a suspension of the routine treatment, and in its place a free venesection. Objection was made of course, and, as the majority of my readers will doubtless say, very properly. However, I so far carried my point as to get for her a full leeching. Three dozen American leeches were put on below the right breast, and a warm flax-seed-meal poultice ordered over the same region as soon as the leeches filled and fell off. This was at five o'clock, P.M. I intended to have returned about nine, P.M., but was summoned in great haste an hour sooner, with a message that Miss H. was bleeding to death. I hastened to her room, and on turning the cover down confess that I was very much frightened myself. Her clothes and her bed seemed to be saturated with blood. After the application of the poultice the patient had fallen asleep, and for fear of disturbing her no examination had been made, hence the accident had not been sooner discovered. I immediately removed the poultice and found that the whole trouble had originated in two of the bites, which I expect were from a couple of foreign leeches that had somehow been smuggled into the number ordered to be applied. A few moments of pressure suppressed the bleeding, and dry clothes and bedding were supplied. But the patient! She was pale, quiet; had not shared in the general alarm; pulse 100, soft, no fever, and her condition comfortable. I gave her five grains of Dover's powder, and she had a good night. In the morning there was no cough, no expectoration, no pneumonia. Convalescence had been established; the disease had been cured on the sixth day by a profuse though accidental bleeding. Crisis! says the new doctor, sixth day. *Credat Judæus non Ego*, say I.

I quote another case clearly demonstrative of the truth that there is no specific treatment for pneumonia, but that each case must be treated in accordance with its history, its origin, its climatic connections, and the condition of the patient.

Captain Blank, aged fifty, in full health, robust, and plethoric, was taken sick with pleuro-pneumonia, three days before coming under my care. He complained of severe pain in the right side, which greatly interfered with his respiration, preventing him from inflating his lungs to one-fourth of their capacity. His face was livid and anxious; his pulse 120, full and corded; decubitus in the semi-erect posture; his cough incessant and distressing, and the sputa scant, though pathognomonic. There were both crepitans rhonchus and saddle-skirt creaking heard half-way up the right lung posteriorly. I proposed venesection in this case; but the man himself objected strenuously. He was a railroad man in charge of a route, one terminus of which was in a village on the Roanoke River, in a locality notorious for the intensity and malignity of its malarial diseases; amongst other diseases, that hybrid form of pneumonia so difficult to distinguish from congestive quotidian intermittent. He had heard the doctors of that section discuss it, had observed the results of treatment in such cases, knew that quinine and opium were considered the sheet anchor, and that blood-letting was thought to be dangerous. He made, therefore, stout resistance to my prescription, and informed me "that he had never seen a man bled in pneumonia that did not die." I explained to him that his pneumonia was not of the character of the disease as he had seen it at Weldon; that he had never had a chill in his life before, and that the conditions and periods of his visits to the malarial districts were such that he could not be infected with that poison; and that his case required a very different treatment from those which he had witnessed. My arguments failed to convince him, but the treatment which he had seen so effectual in others had been tried, and it had failed to relieve him, indeed, he was growing rapidly worse; he had not been able to lie down for forty-eight hours, and had made up his mind to die. He finally agreed, therefore, that if I would promise that bleeding would enable him to lie down and to die easily, he would submit to my treatment. I thought I could safely promise at least as much as that, and so immediately opened a vein and bled him, *pleno viro* 40 ozs. He then asked to be let down, and to have the pillows taken from under his shoulders. I gave him a full dose of calomel and opium, and in a few minutes he was bathed in copious perspiration and

was soundly asleep. After six or eight hours of sleep he awoke refreshed and convalescent. He required no further treatment than a simple expectorant, and in a week was at his post. He believes in blood-letting and in Dr. Sangrado now with as blind a faith as he believed in quinine and opium before, and would be as little amenable to reason, if under different conditions a subsequent attack should require a different treatment.

But does any practical physician believe that any case similar in its character to the one just quoted could be as successfully or as rationally treated on the expectorant, or on the restorative plan?

Dr. Bennett reported some years ago one hundred and five cases treated in the Royal Infirmary at Edinburgh without medicine, but with beef-tea, wine, etc., all of which recovered; a most astonishing success truly for pneumonia, and a success, I guarantee, that no physician has ever achieved in this country under any treatment. But would any physician prescribe beef-tea, wine, brandy, etc., for a patient in the condition just described, when the heart was pumping with a forty-horse power a hot and swollen current of scarcely fluid fibrine through a choked and laboring lung one hundred and twenty times a minute? In such a case give me rather that other Scotchman (Gregory), with his lancet and water gruel. Yet I would be as far from teaching that venesection, antimony, veratrum viride, and other depletants and sedatives were the proper and solely successful treatment in pneumonia as that the stimulant, restorative, or expectorant treatment was always to be relied upon. I know of no specific treatment, especially of no specific remedy, which is equally well adapted to all cases of pneumonia, or which can faithfully promise an invariably fortuitous issue. In my own experience it is a disease of great gravity in the majority of instances. In some cases, in those for instance when the temperature and the pulse range but little above one hundred, and the respiration not more than twenty, the power and the practice of nature may be safely trusted; and a ptisan, an expectorant, a gentle laxative, the warmth and rest of bed, may be all the treatment required. But when the mercury placed under the tongue begins to tell of 103 to 105° Fahr., and the respiration runs to twenty-five or thirty-five or forty per minute, though there be not, as there often is not, any corresponding hurry of the circulation, we may as well recognize the storm signals and look out for trouble ahead. Then the doctor must decide for himself, and not on authority of others—taking into consideration all of the patient's conditions and his dynamics, and looking to the grade of the fever and to the type of the disease—whether sedatives, antipyretics, stimulants, or counter-irritants, should come into the armamentaria, and the place and the importance that should be assigned to each. In the use of antipyretics, however, whether antipyrin or cold, great caution should be used lest we depress a laboring heart to a point from which it may not be able to rally. And as to the local application of cold, as of ice to the chest or "exposing the patient naked to cold air" (Juengensen reported, and rather indorsed by Bartholow), I protest most earnestly against any such practice. I would say to any physician contemplating such an experiment upon a patient, "put yourself in his place." Try it on yourself during your first attack of pneumonia, and then, if you live, you may conscientiously try it on somebody else. How many physicians would be willing to take their own physic? Perhaps it would be better for our patients if we oftener recurred to the pertinent inquiry.—*Medical Register.*

"MUSCALE BUTTONS;" PHYSIOLOGICAL EFFECTS; PERSONAL EXPERIENCE.

BY J. R. BRIGGS, M.D., DALLAS, TEXAS.

I AM wholly unfamiliar with the literature (if there be any) on this peculiar fruit. Learning first from my brother, who has spent several years among the different tribes of wild Indians, and subsequently from Mexicans, that both Indians and Mexicans eat (or chew and swallow the juice) this fruit for purposes of intoxication, I became interested in its physiological effects. The Indians use it that they may forget their troubles and see "beautiful visions;" such as "buffalo and wild horses come up out of the earth" (?).

In order to learn more of this curious fruit I sent to and procured from Mexico some specimens. The "buttons" are, while green, about two inches in diameter by one-half in thickness, and are covered over with minute thistles, resembling very much several species of cactus. In fact that this is of the cactus family I feel

confident. So far as I am aware it is indigenous to Mexico only, and is very valuable, being sent from there to the various tribes of wild Indians throughout the Southwest and sold for a high price. It is regarded by the Indians as a sacred plant, and is eaten only by the "medicine men," the chiefs, and other notable worthies. I have never seen those Indians under its influence, but have learned from reliable sources the following: An Indian will eat from six to ten (?) of these "buttons," after properly arranging himself in his "tepee," as does the opium-smoker.

In a short time—two to four hours—he becomes totally unconscious, in which condition he remains for two or three days. After returning to consciousness he will relate to the natives many remarkable adventures in the "spirit world," and the return to the prairies of innumerable herds of buffalo and wild horses. The state of the pulse or rate of respiration was not ascertained, but I am informed they have all the appearances of opium poisoning. The "charm" over, the tribe cluster around to drink in the superstitious recitals of those savage leaders. Such hallucinations are to those superstitious Indians undoubted realities, and are a part of their religious creed. In giving my personal experiences, I hope my motives will not be misconstrued. On being cut open while green, these "buttons" emit a very disagreeable and pungent odor. The color of the cut surfaces is a brilliant green. The fruit is spongy, has a velvety touch, and is quite juicy.

From Notes.—At 10 A.M., June 20, 1886, I ate one-third of one of the "buttons," or prickly plants, and, with pencil and paper and watch before me, awaited results. In fifteen minutes afterward I felt a slight fullness in my carotids, and found my pulse had gone from 60 (normal) to 70. In fifteen minutes more the feeling in my head and throat was becoming very unpleasant—one of over-arterial tension—and my pulse had reached 90. My respirations had gone up to this time from 18 (normal) to 26. The unpleasant fullness of my head rapidly increased until 10.45, when my head began to ache and I felt dizzy. My pulse had then reached 120, and respirations 30. Soon after the forty-five minutes had passed a sudden and alarming jump in my pulse occurred—reaching 160. The peculiar and dazed feelings I then experienced, together with alarm, prevented my taking notes on respirations, and, therefore, don't know the number, but they had certainly still further increased. It seemed to me my heart was simply running away with itself, and it was with considerable difficulty I could breathe air enough to keep me alive. I felt intoxicated, and for a short time particularly lost consciousness. Automatically I rushed to my able friend, Dr. E. J. Beall, of Fort Worth—my residence at the time. After giving him an idea, as best I could of the trouble, he prescribed aromatic spirits of ammonia and whiskey, in large doses, every few minutes. This I took, if I remember, right, one hour after having taken the "muscale button." It seemed necessary for me to walk in the open air in order to breathe. In about half an hour I felt some relief, and my pulse and respirations gradually became less, until in about six or eight hours they were about normal. No bad consequences followed. I did, however, feel much depressed for about twelve hours—a feeling of *malaise.* The recollection of such experience is vividly impressed upon my mind. I believe if prompt aid had not been given me I should have died. After this, I immediately sent some of the fruit to Dr. Otto Wall, of St. Louis, requesting him to make an extract of it, but it was lost by him in some way, and I am cut short in my experiments until I procure more. Whatever may be the ultimate constituents of this poison, it certainly is the most violent and rapid of all fruits, or even medicines known to me—manifesting its first effects in less than fifteen minutes. I know of nothing like it except opium and cocaine. The most notable point is the rapidity with which it increases the heart's action. Next, the intoxication and subsequent depression. I think it well worth the trouble to investigate the matter. One man's experience is worth but little, and it is to be hoped some enterprising experimenter will carry out the research. As to myself, I must admit I feel somewhat abstemious on the subject.—*Medical Register.*

DR. REYNOLDS, of Louisville, Chairman of the Committee of Arrangements of the coming meeting of the Mississippi Valley Medical Association, at Crab Orchard Springs, Ky., July 13, 14, and 15, 1887, announces that he has secured half-fare rates ($1.50 a day) at the hotel from Major Grant, president of the company, for all delegates, their wives, and friends.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

COMPOUND AND COMMINUTED FRACTURE OF THE RIGHT LEG—CELLULITIS—AMPUTATION—SEPTICÆMIA—DEATH.

SUSAN K—, æt. 37, tailoress, was knocked down by an omnibus on August 31st, which backed over her right ankle, breaking both bones, and inflicting a severe wound on the outer side, leading down to the broken fibula. The limb was temporarily put up in a "box" splint but was afterwards dressed antiseptically and placed in position. During the night she was very delirious. September 2d—The leg has become very œdematous, and there is an erysipelatous rash over the front of the leg. Temperature 103° Fahr. Evaporating lotions were applied to foot, and a hypodermic injection of morphia given. There has been some oozing from the wound which had a fetid smell. Patient was ordered three ounces of brandy daily. The hands are tremulous. Bowels open. 3d—Temperature, 103.4° Fahr. Pulse 100. She slept for ten hours after second hypodermic injection. 4th—Temperature 102° Fahr. Pulse 120. The leg was markedly œdematous and a free incision was made down the front of the leg by Dr. Whitehead giving exit to some pus. Poultices were then ordered to be applied. 5th—The leg looks better to-day, and the patient says she feels "better in herself." Two more incisions were made in the evening, one along the inner side of the leg, and one near the internal inaleolus. Poultices continued. Takes her food and brandy well. 6th—Temperature 100° Fahr. Pulse 100. There is a good deal of offensive discharge, but the leg is less swollen. The patient does not sleep well in spite of a draught of potass. bromid. and chloral hydras. 7th—The leg does not look promising and two further incisions were made to day, one on each side of the leg. Free hemorrhage took place from one of the wounds which was plugged. The temperature fell to 96.8° Fahr. Later in the day, after a consultation, it was decided to amputate and this was done, just above the knee, under an anæsthetic and with antiseptic precautions. Esmarch's bandage was used and but little blood was lost. The patient was somewhat delirious after the operation. She was ordered six ounces of brandy, and was given a hypodermic injection of morphia. 8th—The patient complains of pain in the stump which disturbs her rest, and she is very thirsty. Temperature 101° Fahr. It transpired to-day that she was discharged from a smallpox hospital three weeks since. 9th—She had a good night and seems better. Temperature 102° Fahr. Pulse small, wiry, and rapid, (120); her breathing is quick and chiefly abdominal. The stump was dressed antiseptically. Not much discharge. Bowels are confined. At 6 P.M. her temperature went up to 103.6 Fahr., and she looked very ill. She was ordered a mixture of bark and ammonia. Breathing was rapid and labored. 10th—Patient had a fairly good night. She wanders a little but does not complain of any pain in the stump. Temperature 100.6° Fahr. Brandy increased to eight ounces. Tongue white, patchy, and dry. Some tenderness of abdomen. At 8 P.M., some dullness was noticed at the base of the lungs. She was given four drachms of infusion of digitalis with some ammonia. 11th—The patient looks decidedly better. Her bowels have been opened once. The stump was dressed; there is but little discharge, and the sutures are not drawn upon. She complains of "rheumatic" pains all over her,—chiefly in the arms. Occasional flushes of heat and sweats. Tongue furred. Temperature 102.4° Fahr. 12th—Diarrhœa has set in, possibly due to digitalis, which was discontinued. Pulse is stronger. 13th—Patient passes a restless night, and wanders a good deal. The stump was again dressed. Its smell was very offensive, and the wound shows a tendency to gape. Brandy increased to twelve ounces. The abdomen is somewhat distended, and is painful at times. Temperature 102° Fahr. The patient died suddenly in the evening. No *post-mortem* was allowed.

LACTIC ACID IN UTERINE CARCINOMA.—Dr. A. B. Carpenter (Journal Amer. Med. Association) recommends the local application of lactic acid in cancer of the uterus, especially when the pain is severe, and the discharges very offensive and flooding frequent. It may be employed as follows: Introduce a speculum, cleanse the cervix with a mop of absorbent cotton dipped into the acid, apply freely to the parts; water is then thrown in, and the acid again applied, after which a tampon of cotton is placed in the vagina and the patient allowed to go home. The application should be made two or three times a week.

THERAPEUTIC NOTES.

FOR FALLING HAIR AND DANDRUFF.

The following is said to be beneficial as a hair tonic:—

	Parts.
Borax	15
Glycerine	30
Decoction of soap bark	50
Bay rum	10
Water q. s. to make up	300

Apply this lotion at bedtime with friction of the scalp by means of a moderately hard hair brush.

In the morning apply the following pomade:

	Parts.
Tannin	2
Tincture of cantharides	5
Balsam of Peru	5
Expressed oil of mace	3
Vaseline	50
Essence of lemon and bergamot q. s. to taste.	

Dissolve with gentle heat the vaseline and expressed oil of mace, mix together the tannin, tincture, balsam of Peru, and perfume, and stir into the melted fat as it gradually cools.

CHLOROSIS.

℞. Tinct. stramonii . . . ℥j.
Liq. potassii arsenitis . . ℥iss.
Elix. gentianæ ferrat . . . ℥iv.
M. Sig.—Teaspoonful in water after meals.

AMENORRHŒA.

℞. Aloini . . . . . gr. v.
Strychnia sulphatis . . gr. ss.
Ferri sulphatis . . . ℥ss.
M. Ft. pilulæ No. 20.
Sig.—One pill after meals and at bedtime.

CARDIAC DROPSY.

℞. Tinct. digitalis . . . ℥iss.
Tinct. belladonnæ . . . ℥ss.
Liq. potassii citratis . . ℥iiss.
M. Sig.—Teaspoonful in water four times a day.

UTERINE CARCINOMA.

℞. Morphia sulphatis . . gr. iss.
Tinct. belladonnæ . . ℥j.
Hydrarg. bichlor. . . gr. j.
Elix. simp. . . . . ℥iv.
M. Sig.—Teaspoonful four times a day.

CEREBRAL CONGESTION.

℞. Tinct. aconiti rad. . . ♏xviij.
Ext. ergotæ . . . . fʒss.
Syr. simp. . . . . ℥j.
M. Sig.—Teaspoonful in water every two hours.

ACUTE RHEUMATISM.

℞. Acidi salicylicii . . . ℥j.
Spts. ammonii aromat. . . ℥ss.
Syr. simp. . . . . ℥ss.
Liq. potassii citratis . . ℥ij.
M. Sig.—Two teaspoonfuls in water every three hours.

COUGH MIXTURE.

℞. Morphia sulphatis . . gr. iss.
Tinct. lobelia . . . ℥ij.
Syr. pruni virginianæ . . ℥ij.
M. Sig.—Teaspoonful every three hours.

CHORDEE.

℞. Morphia sulphatis . . gr. iss.
Ext. hyoscyami . . . gr. j.
Ol. theobroma . . . q. s.
M. Ft. suppos. No. vi.
Sig.—Use one at bedtime and one through the night if necessary.

CARDIAC ASTHMA.

℞. Tinct. veratri viridi . . ♏xx.
Morphia sulphatis . . gr. j.
Tinct. belladonnæ . . ♏xxiv.
Syr. simp. . . . . ℥ij.
M. Sig.—Teaspoonful after meals.

MELANCHOLIA.

℞. Strychnia sulphatis . . gr. ss.
Tinct. belladonnæ . . ℥ss.
Aqua camphoræ . . . ℥iij.
M. Sig.—Teaspoonful after meals.

HÆMOPTYSIS.

℞. Tinct. veratri viridi . . ♏xvj.
Tinct. opii. deod. . . . ℥j.
Ext. hamamelis . . . fʒj
Vini Portense . . . ℥j.
M. Sig.—Teaspoonful every hour.

SYPHILITIC ULCERS.

	Parts.
℞. Acid pyrogallic	20
Starch	20
Vaseline	60

Apply on a piece of charpie once or twice a day.—TERRILLION, *Union Médical.*

WHOOPING COUGH.

℞. Potassii bromidi
Ammonii bromidi . . āā ℥ss.
Sodii bromidi . . . . ℥j.
Syr. of chloral . . . ℥iss.
Aquæ . . . . . ℥iv.
M. Sig.—One dessert or tablespoonful morning and evening in a glass of milk containing the yolk of an egg.—DUJARDIN BEAUMETZ, *Nouveaux Remèdes.*

ACUTE ALCOHOLISM.

℞. Tinct. nucis vomicæ . . ℥iss.
Tinct. capsici . . . ℥j.
Ext. erythroxoli . . . f℥j.
Syr. simp. . . . . ℥j.
M. Sig.—Teaspoonful every two hours.

CROUP.

℞. Antimonii et potassii tart. . gr. ss.
Hydrarg. chlor. mite . . gr. vj.
Ammonii chloridi . . gr. xij.
M. Ft. charta No. vi.
Sig.—One powder every two hours until vomiting occurs.

CYSTITIS.

℞. Tinct. aconiti rad. . . ℥ss.
Morphia sulphatis . . . gr. ij.
Potassi acetatis . . . ℥ss.
Aqua . . . . . ℥iv.
M. Sig.—Two teaspoonfuls every three hours.

OTITIS.

℞. Morphia sulphatis . . gr. ij.
Atropia sulphatis . . . gr. ⅛
Elix. simp. . . . . ℥j.
M. Sig.—Drop fifteen minims on a small piece of cotton and insert it in the affected ear.

DIABETES.

℞. Tinct. opii deod. . . . ℥iss.
Spts. myristicæ . . . ℥j.
Spts. vini gallici . . . ℥iv.
M. Sig.—Dessertspoonful in water after meals and at bedtime.

PUERPERAL FEVER.

℞. Tinct. veratri viridi . . ℥ss.
Acidi salicylici . . . ℥ss.
Spts. ammonii aromat. . . ℥ij.
Elix. simp. . . . . ℥iss.
M. Sig.—Teaspoonful in water every two or three hours.

HYPERIDROSIS.

℞. Pulv. gallæ . . . . ℥ss.
Tinct. belladonnæ . . . ℥j.
Spts. frumenti . . . . ℥vj.
M. Sig.—Apply freely night and morning.

THREATENED ABORTION.

℞. Morphia sulphatis . . gr. iss.
Ext. viburnum prunifolium ℥iss.
Vini Portense . . . ℥iss.
M. Sig.—Two teaspoonfuls in water every hour.

ASTHMA.

℞. Tinct. opii . . . . ℥ij.
Vini ipecac. . . . . ℥iss.
Ext. quebracho . . . f℥ss.
Elix. simp. . . . . ℥j.
M. Sig.—Teaspoonful every hour.

CEREBRAL CONCUSSION.

℞. Potassii bromidi . . . ℥ij.
Aquæ . . . . . ℥iij.
M. Sig.—Two teaspoonfuls in water every two hours.

DYSMENORRHŒA.

Dr. Allen S. Payne, (Therapeutic Gazette) recommends:—

℞. Pulv. camphoræ. . . . gr. x.
Pulv. Doverii . . . . gr. xx.
Ext. hyoscyami . . . . gr. x.
M. Ft. pilulæ No. x.
Sig.—Two pills every two hours until pain ceases.

ACUTE BRONCHITIS.

℞. Picis purificat.
Pulveris Doverii
Pulv. benzoin . . āā gr. xv.
Ext. aconiti rad . . . gr. ⅔.
M. et ft. pilulæ No. xxiv.
Sig.—Three to six pills a day.—HUCHARD, *Revue de Thérap. Médico-Chirurg.*

INFLUENZA.

℞. Pulv. rhei
Antipyrin . . . āā ℥j.
Pulv. nucis vomicæ. . . ℥ss.
M. et. ft. chart No. xx.
Sig.—One powder three times a day.—MONIN, *Revue de Thérap. Médico-Chirurg.*

SCROFULA.

℞. Olei morrhuæ . . . Oj.
Iodol . . . . gr.xxxiij.
Olei menth pip. . . . gtt. xx.
M. Sig.—Tablespoonful before each meal.—MONIN, *Revue de Thérap. Médico-Chirurg.*

CHILBLAINS.

℞. Camphoræ . . . gr. lxxv.
Spts. vini rect . . . ℥iij.
Glycerinæ . . . ℥v.
M. Sig.—Rub gently several times a day where the skin is not broken.—FOY, *Revue de Thérap. Médico-Chirurg.*

IMPROVED IODOFORM POWDER.

J. Lucas Championnière, the surgeon of Tenon, uses the following powder instead of iodoform, applying it directly to the wound with any antiseptic dressing:—

℞. Sifted iodoform,
Powdered quinquinia,
Powdered benzoin,
Powdered carbonate of magnesia saturated with essence of eucalyptus . . . equal parts.

—*Progrès Médical.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, May, 1887.

A GRAND OPPORTUNITY.

DR. WILLIAM PORTER pointedly says in the Weekly Medical Review that the Western physicians have an opportunity this year which does not come twice in a century. By a strange combination of events, the great medical convention of the world is at this time largely dependent for success upon a part of the United States which has not heretofore taken its proper place, and claimed its full professional right in the world's advance.

Many names from the west of the Alleghanies are favorably known abroad, but Eastern physicians have had the greater advantage in having written and visited European centres more frequently, until some have seemed to believe that medical progress, like a clam, only grew near salt water.

Meanwhile, the medical men of the West have been at work. Societies have been organized and prosper, medical schools have sprung up and flourished, State Boards of Health have set the example for higher requirements, and a medical journal has its home in every Western city of any size. This means progress and organization.

Now it has happened that many of our Eastern brethren have closed their shells. Their fair fame seemed a guarantee to the old world physicians that the Congress would be well cared for at Washington, and that the great cities of the sea-board would unite in providing the welcome which their representatives promised.

It is true that a large number of the best men in the East are active in the work, but many who should have a part in the honorable task are yet keeping aloof. So it is that an opportunity has been given for the West to respond and make good the promise of success.

The president of the Congress is a Western man. The home of the secretary-general is in the West, and the Sections are largely made up of Western men, many of whom have received their degrees from Western colleges.

The prize of full recognition is not hard to obtain. It has crossed the ocean to meet us. To secure it, work must begin now.

The number of papers is by no means complete. Let him who can, get ready. Let all who can, go. It will be many years before you will again see such an assembly of men famous in your own profession. It will be long before you can again share the honor of hosts to such guests. The season is the best of the year, Washington is our most beautiful city. Leave your offices and cliniques for awhile, turn Dobbin out to pasture for a fortnight, and let us all go.

CALENDULA.

CALENDULA, or the ordinary marigold, is a garden plant possessing many valuable medicinal properties, and deserving of a more prominent place than it has hitherto occupied in the therapeutic armamentarium. As it yields its virtues to alcohol and boiling water it may be administered in the form of the fluid extract, the tincture, or an infusion. The most convenient preparation, however, is the tincture, prepared by adding three ounces of the fresh leaves and stems to one quart of dilute alcohol, and permitting the mixture to stand for four days before straining. The dose of the tincture will vary from twenty drops to two drachms well diluted, three or four times daily, or oftener, if necessary.

Calendula is an excellent stomachic tonic and mild general stimulant, promoting constructive metamorphosis, and increasing all the secretions. In addition, it is a potent antiseptic, anti-fermentative, and anti-suppurative, and is consequently of especial value in the various zymotic diseases. In typhoid fever it will be found to be of inestimable value, many cases requiring no other medication. In scarlet fever, measles, epidemic erysipelas, and typhus fever, it will be found similarly beneficial after the temperature has been lowered by aconite, quinine, cold, and other antipyretics. It

is serviceable in scrofula, secondary syphilis, and in combating the furuncular diathesis.

In fermentative and atonic dyspepsia it will frequently prove promptly curative after all other remedies have failed. General debility, anæmia, and loss of appetite, a common trio of symptoms in school-girls and overworked housekeepers, may be often relieved by full doses of calendula taken after meals and at bedtime. Suppression or irregularity of the menses in the same class of patients, not infrequently yields rapidly to the same remedy.

Calendula is valuable in catarrhal jaundice and various other hepatic and gastro-intestinal disorders due primarily to the presence of fermentative or irritative material in the alimentary canal. It is also of benefit in the vomiting of pregnancy, and in all conditions characterized by hypersensitiveness of the gastric filaments of the pneumogastric nerves. It may be given with benefit in infantile eczema, pustular acne, impetigo, and pemphigus.

Externally, it is without a superior as an application to incised and lacerated wounds, relieving pain, restraining hemorrhage, preventing suppuration, and promoting speedy repair. Its value in these cases is well exemplified by three cases recently reported by Dr. R. G. Reynolds, of Upper Lake, California.*

The first was that of a deep, lacerated wound in the palm of the hand, produced by a horse-shoe nail head. The wound was very ragged, and the outlook was unfavorable as to healing by first intention. A tincture was made from the fluid extract by adding three parts of alcohol to one of the extract, and after adjusting the wound carefully and securing it with adhesive strips, it was covered with lint saturated with the tincture, and particular orders given to never allow it to get dry, but keep the lint constantly saturated with the tincture. In ten days the wound had perfectly healed and suppuration had not taken place. Considering the ragged character of the wound, this was remarkable. Another rather important case was that of a knife wound in the face. The wound, though a desperate one, healed almost without a scar, a very narrow, red line alone marking the track of the knife; a very important consideration to the patient, since the wound was in a very prominent place. In the third case, a long, deep, incised wound of the arm, the extract was diluted with three times its bulk of water, and the wound kept constantly covered with lint saturated with the solution. In fifty-six hours the sutures were removed, the wound united by first intention. In less than two weeks the patient was well.

Calendula is also valuable as a local remedy in tinea versicolor, pediculosis, and recent cases of tinea tricophytosis and tinea favosa. Dilute injections, consisting of one part of the tincture and sixteen parts of water will prove speedily curative in many cases of chronic gonorrhœa and leucorrhœa. Pruritus ani and pudendi may often be promptly relieved by bathing the parts with the undiluted tincture. Indolent ulcers speedily heal under the same application.

*Medical Standard, Chicago, Ills., March, 1887.

THE TREATMENT OF HOUSE-MAID'S KNEE.

THE treatment ordinarily employed in some of our large hospitals for this annoying, but trivial affection, is unnecessarily severe, and, while well adapted to display the skill of the operator, is not altogether devoid of danger to the trusting patient. The contents of the sac can be evacuated without making an incision of two or three inches in length, and the injection of an irritating fluid to produce adhesive inflammation is not always necessary or advisable. In all operations the aim of the surgeon should be to restore the parts to their normal condition, if possible, and to do no more than this unless absolutely requisite for the safety and comfort of the patient.

In the condition under consideration the normal cavity of the patellar bursa is distended by an excess of fluid. All that is needful, in nine cases out of ten, is to withdraw the contents, rest the parts, and no more fluid will be secreted. This can be done most easily and effectually by aspirating the sac, placing the patient in bed, applying a plaster bandage over the knee, and administering a brisk purgative.

DR. A. J. STONE has assumed editorial charge of the Northwestern Lancet.

THE BERGEON TREATMENT OF CONSUMPTION.

WHEN we reflect that consumption annually numbers more victims than all the zymotic affections combined, and that more than one-twelfth of the deaths which occur every year are due to that dread disease, we do not wonder at the credulous enthusiasm with which the hasty reports of the value of the Bergeon treatment were received by countless unhappy patients and their sympathizing friends.

We are amazed, however, that thinking physicians should allow themselves to be deceived into thinking that a degenerative process, seated deeply in the pulmonary tissues, could be arrested by pumping a few volumes of carbonic acid gas and sulphuretted hydrogen into the rectum. Of course, in cases complicated by intestinal ulceration, the anæsthetic effect of the former gas will lessen the pain, and consequently inspire the sufferer with new hope for the time being. In all other cases the Bergeon treatment is not only valueless but positively injurious, as it arouses a hope which can never be realized, and which in a few weeks is rudely dispelled, leaving the patient dispirited and less able to withstand the ravages of the disease than at first.

MEDICAL NEWS AND MISCELLANY.

PROF. HIRSCHBERGER, of the Berlin University, has accepted the vice-presidency of the Ophthalmological Section of the coming International Medical Congress at Washington.

BACTERIOLOGY AND ITS CLINICAL THERAPEUTICS is the title of the general address which will be delivered by Prof. Mariani Semmola before the International Medical Congress.

DR. ALEX MACALISTER, of Cambridge, will read two papers before the Section of Anatomy at the International Medical Congress, entitled: 1. "On Some Physical Laws which Determine the Arrangements of Muscles in Man;" 2. "On the Morphology of the Human Vascular System."

A LETTER from London of February 19th, from a prominent physician there, says: "I have no hesitation in saying that the cream of our profession will be fully represented in the Congress at Washington next September. Some of your brethren have sown broadcast very disparaging remarks about the Congress, but I am glad to say that this is now overcome. 'Truth is mighty and will prevail.'"

THE CAMDEN MICROSCOPICAL SOCIETY has reorganized and elected the following officers: President, A. P. B. Brown; Vice-President, C. H. Kain; Secretary, Howard Troth; Treasurer, G. T. Robinson, M.D.; Curator, J. P. H. Corney; Board of Managers, E. E. Read, Jr., C. A. Hotchkiss, L. T. Derrousse. The society will secure quarters in the new West Jersey College of Physicians and Surgeons.

DR. HENRY LEFFMANN, editor of the Polyclinic (P. O. Box 791, Philadelphia), desires to obtain results of the new treatment of pulmonary consumption and phthisis by gaseous enemata, for publication in the Polyclinic. The correct therapeutic value of this method can only be arrived at by the collection of statistics, and he therefore requests any one who has administered the gas to communicate the result to him, the formula used, and any special information that may be useful.

THE next meeting of the Medical Editors' Association will be held in Chicago on Monday evening preceding the meeting of the American Medical Association. The president, Dr. Shoemaker, will deliver an address: "Some of the Present Abuses of Medical Literature." It is desirable that all medical editors who can shall attend, as the organization is a permanent one and largely social.

Dr. T. L. Gray, of Chicago, is chairman of the Committee of Arrangements.

Members of the press who expect to be present should send their names as early as possible to the secretary, DR. WILLIAM PORTER, 3137 Lucas Avenue, St. Louis.

[Exchanges please copy.]

THE MEDICAL PRESS AND CIRCULAR vouches for the truthfulness of the following: "A certain operator proposed to remove 'the uterine appendages' from a patient under his care, and he asked a gentleman present if he would like to examine the patient, saying she had been suffering for years with an acute pain, that life was a burden, etc. The gentleman, struck by the full, round, rosy cheeks and red lips of the woman, first asked her how she slept at night. 'Oh, very well, thank you,' was the reply. 'You have no pain at night, then?' was the next question. 'Oh, no,' she answered. 'Have you pain all day long?' continued the questioner. 'Not all the day through,' she replied. 'Have you pain every day,' he went on. 'No, not every day,' was the answer. 'How often does the pain come on, then?' the gentleman continued. 'Oh, three or four days a month,' was the innocent reply, much to the amazement of the questioner. The

would-be operator was understood to mutter something about 'getting any answer you like;' but it will be satisfactory to learn that the patient saved her ovaries on that occasion at least." This woman escaped, but what shall be said of those that have not escaped.

SUBSTITUTION.—It is a well-known fact that there are druggists in every large city who are not to be trusted with the filling of a prescription that calls for any expensive drug. They come and go, so that at last physicians are compelled to designate certain of the drug fraternity as trustworthy, and insist upon their patients going to these alone for their medical supplies. If they fail to do this, their work is thrown away and their reputations go with the failure of their remedies in critical cases.

A few cases from actual observation and experience will illustrate this better than a volume of argument.

1. Thirty grains of quinine in three doses, to be taken at hourly intervals, were prescribed for a young man suffering from ordinary intermittent fever. The doses were taken as directed, but no signs of cinchonism were induced, and the disease progressed without change. The same doses, in "Warner's Sugar-Coated Pills" were ordered, with the effect of inducing well-marked cinchonism with cure of the disease.

2. In a case of profuse menorrhagia, one ounce of fluid extract of ergot was ordered, with directions to take one fluid drachm every hour until the hemorrhage ceased. The entire amount was taken without result. An ounce of "Squibb's Fluid Extract of Ergot" was ordered—same directions, and the flooding ceased after the second dose.

3. Four ounces of a mixture of bromide potassium and chloral, each an ounce, with tincture of hyoscyamus and fluid extract of cannabis indica, in appropriate doses, were ordered, with directions to take one teaspoonful every hour until sleep should be induced. An ugly, muddy mixture was received, which produced nausea and headache, but no sleep.

A similar prescription, instead of the above extemporaneous officinal combination, was ordered, "Battle's Bromidia" was designated, which induced refreshing sleep after a few doses of from twenty to thirty drops had been taken.—(*Extract from an article in December Medical Brief, by* WILLIAM B. HAZARD, *Professor Principles and Practice of Medicine, College Physicians and Surgeons, St. Louis.*)

AMERICAN MEDICAL ASSOCIATION. — The Thirty-eighth Annual Session will be held in Chicago, Ill., on Tuesday, Wednesday, Thursday, and Friday, June 7th, 8th, 9th, and 10th, commencing on Tuesday, at 11 A.M.

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

"Each State, County, and District Medical Society, entitled to representation, shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number; *Provided*, however, that the number of delegates for any particular State, territory, county, city, or town, shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

Secretaries of medical societies, as above designated, are earnestly requested to forward, at once, lists of their delegates.

Also, that the permanent secretary may be enabled to erase from the roll the names of those who have forfeited their membership; the secretaries are, by special resolution, requested to send to him, annually, a corrected list of the membership of their respective societies.

Sections.—"The chairmen of the several Sections shall prepare and read, in the general sessions of the association, papers on the advances and discoveries of the past year in the branches of science included in their respective Sections. . . . ."—*By-Laws*, Art. II., Sec. 4.

Practice of Medicine, Materia Medica, and Physiology.—Dr. J. S. Lynch, Baltimore, Md., Chairman; Dr. J. B. Marvin, Louisville, Ky., Secretary.

Obstetrics and Diseases of Women and Children.—Dr. F. M. Johnson, Kansas City, Ia., Chairman; Dr. W. W. Jaggard, Chicago, Ill., Secretary.

Surgery and Anatomy.—Dr. H. H. Mudd, St. Louis, Mo., Chairman; Dr. A. M. Pollock, Pittsburgh, Pa., Secretary.

State Medicine.—Dr. George H. Rohe, Baltimore, Md., Chairman; Dr. Walter Wyman, U. S. M. Hospital, New York, Secretary.

Ophthalmology, Otology, and Laryngology.—Dr. X. C. Scott, Cleveland, Ohio, Chairman; Dr. J. H. Thompson, Kansas City, Mo., Secretary.

Diseases of Children.—Dr. DeLaskie Miller, Chicago, Ill., Chairman; Dr. W. B. Lawrence, Batesville, Ark., Secretary.

Oral and Dental Surgery.—Dr. John S. Marshall, Chicago, Ill., Chairman; Dr. A. E. Baldwin, Chicago, Ill., Secretary.

Medical Jurisprudence.—Dr. I. N. Quimby, Jersey City, N. J., Chairman; Dr. H. H. Kimball, Minneapolis, Minn., Secretary.

A member desiring to read a paper before a

Section, should forward the paper or its title and length (not to exceed twenty minutes in reading) to the Chairman of the Committee of Arrangements at least one month before the meeting.—*By-Laws.*

Committee of Arrangements.—Dr. Charles Gilman Smith, Chicago, Ill., Chairman.

Amendment to By-Laws.—Create a new Section, to be known as the Section on Dermatology and Venereal Diseases.—WILLIAM B. ATKINSON, M.D., Permanent Secretary.

A SUMMER OF CONVENTIONS.—A grand opportunity for work is presented to physicians, in the plans for the coming summer. Three associations are of special interest to the profession of the West, in addition to the local and State societies.

First the American Medical Association which meets in Chicago, June 7th. This is now largely dependent upon Western energy and industry. It is not dying out as was predicted, but is strong, stronger than ever, better than ever, and is and will ever be our National Association. Already the Section work is being pushed forward, and we believe that the Chicago meeting will equal the last St. Louis meeting in interest and attendance. This is saying a great deal.

Next comes the meeting of the Mississippi Valley Medical Association at Crab Orchard Springs, Ky., July 14th. The reports of the work in this field are most encouraging. The firm stand taken by this association at its last meeting in matters ethical, the remembrance of its good work in the past, and the enthusiasm of the present members, are a guarantee of success. The arrangements for the comfort and pleasure of the attending physicians are almost complete, and it will doubtless be one of the most delightful meetings of the year. A number of physicians from eastern cities have promised to come and take part in this young and vigorous association.

Third and last in the calendar is the World's Congress at Washington, September 5th. The honor of every true physician in the United States is involved in the work. It is not long since American physicians were little noted abroad, and foreign degrees were in demand on this side of the Atlantic. A few years have wrought wondrous changes. Our representative men and authors take rank with those of any country, and command respect in the medical societies of the Old World.

For the first time the Congress meets in our own country, and the savants of Europe come to us. They have been led to expect much, and they know something of our capabilities. It is time now that every dividing line in our own ranks be removed, and the only rivalry be the honorable struggle for doing the most for the success of the Congress.

A century ago the English, French, and Americans met each other in deadly combat on these very shores, while now the great grandsons of those famous sires meet again on the same historic ground, to advance science and thwart death. In 1784 every American patriot turned eagerly to Yorktown. In 1887, each American physician should be ready to receive at Washington, not his ancient foe, but his professional brother, and to welcome him with generous hospitality.

Each one of us is honored by the coming of these foreign representatives; let us show our appreciation of the compliment.—WILLIAM PORTER, M.D., *Weekly Medical Review.*

THE MEDICO-CHIRURGICAL COLLEGE.—At the annual meeting of the Alumni Association of the Medico-Chirurgical College, held April 6th, in the college building, Dr. J. C. Macartney presided. After the business of the society had been transacted, the new members and the gentlemen of the graduating class were enrolled under the constitution.

The Committee on Nominations submitted the names of the nominees, which resulted in the election of Professor Wm. H. Pancoast, M.D., etc., President; Professor J. E. Garretson, M.D., Vice-President; Professor Abraham S. Gerhard, M.D., Treasurer; John S. Stewart, M.D., Secretary.

The Executive Committee consisted of J. V. Shoemaker, P. D. Keyser, Thomas Stellwagen, W. F. Waugh, W. S. Stewart, G. W. Stubbs, W. C. Wile, and others.

By a unanimous vote of the society, Professor Dudley S. Reynolds, of Louisville, Ky., was elected an honorary member.

On Thursday evening April 7th, the Sixth Annual Commencement of the College was held at Association Hall.

The graduating class, in academic cap and gown, occupied seats in the parquet, fronting the stage, which was handsomely decorated with baskets of fruit and floral designs.

After the opening prayer by Rev. Dr. Henry, the Dean, Professor P. D. Keyser, announced the names of the graduates, who assembled upon the stage, each receiving a diploma and a copy of the Code of Ethics from the president, J. E. Garretson.

The annual address, delivered by Professor Keyser, was listened to with interest by a large audience, and received a hearty round of applause at its conclusion.

The alumni address was delivered by Professor D. S. Reynolds, of Louisville, Ky. His subject was "The Growth and Advancement of Medical Knowledge." His well-chosen remarks, in a clear, full, resonant voice, audible in the farthest corner of the hall, and worthy of mention from this fact alone, won for him well-merited praise, in addition to the thanks of the Alumni As-

sociation for his kindness in accepting their invitation so cordially tendered. On the conclusion of the address, the Faculty prizes were awarded to the following gentlemen of the graduating class: For attaining the highest general average at the examination, a gold medal, to William S. Stewart, Pennsylvania; also, the "Joseph Pancoast Star Medal," for the best examination in anatomy. A case of instruments to P. N. Barker, Pennsylvania, for the best written examination in surgery. Honorable mention was made of B. C. Cornwell, J. W. Bennett, and Martin P. Dickson, for their examinations in anatomy.

The graduates were: P. N. Barker, J. W. Beck, C. H. Shock, M. P. Dickson, John B. Webster, W. S. Stewart, A. J. Maher, David Lindsay, J. W. Bennett, C. A. Bevan, F. A. Starkweather, I. S. Robinson, H. P. Otis, B. C. Cornwell, J. J. Taylor.

The degree of "Fellow of the Medico-Chirurgical College" was conferred upon Professor N. S. Davis, of Chicago; Dr. W. S. Rushenberger, U. S. N.; Professor Dudley S. Reynolds, of Kentucky, and Dr. Henry H. Smith, Philadelphia. The exercises were concluded by a prayer from Rev. Dr. Henry. The alumni, guests, and members of the graduating class then repaired to the Colonnade Hotel, where the Alumni banquet was given.

The president of the Association, Professor William H. Pancoast, presided, and on his right was seated Professor D. S. Reynolds, who responded to the first toast when called upon by the toast-master, Dr. W. C. Wile.

Among the guests present were: Senator McAleer, Dr. T. M. Bradfield, Dr. Thomas Andrews, ex-Governor Pollock, Mr. John Huggard, Dr. J. C. Girdner; Professor L. S. McMurtry, of Kentucky; Dr. Robert T. Morris, of New York; Col. A. K. McClure, Dr. Robert Newman, of New York, and many others.

How Can We Obtain the Most Gratifying Results from the Use of Coca Preparations?—Professor Bartholow, in describing the therapeutic action of coca says: "It increases the respiratory power, and removes or lessens the sense of fatigue. A feeling of contentment and well-being takes possession of the mind, drowsiness is experienced for a brief period, but it is soon succeeded by wakefulness and increased mental activity. It diminishes the excitability of the motor nerves, and certainly lessens urea-elimination. As is the case with tea and coffee, it acts as an indirect nutrient, by checking tissue-waste, and hence a less amount of food is found necessary to maintain bodily functions."

Presumably these desirable therapeutic effects were obtained from the use of a really reliable coca leaf incorporated in a wine that will extract its virtues, and herein lies the secret of preparing a coca wine that will give the therapeutic results claimed by Professor Bartholow. We mean to say that to produce a coca wine which will give the proper effect the leaves of a particular variety of coca must be used, that they must be carefully selected, and they must be incorporated in a wine that by reason of its solvent powers will hold the coca in a state of perfect solution.

Good, reliable coca is not plentiful. If we will take the trouble to send to importers for samples of leaves we will find an astonishing amount of adulteration by admixture of leaves of other varieties of coca than the erythroxylon. Also much of the real that has become almost inert.

The conditions under which a maximum effect may be obtained are numerous and delicate. The leaves of but one species of the coca seem to contain the alkaloid or vital principle in any appreciable amount. They must be grown in certain soils and climates, picked at a certain stage of maturity, and in certain weather. They must be packed in small quantities so as to prevent crushing, heating, moulding, or decay. In transportation they should be kept in cool, well-ventilated places, and as far away from bilge, fumes, gases, and vapors as possible. When delivered at their destination, they should be used immediately. The importance of these precautions may be gathered from the fact that out of a thousand pounds of leaves gathered upon the haciendas of Western South America, one-half are from other species of coca, one-eighth are spoiled in the picking, and one-eighth in the subsequent transportation and storage, leaving but twenty-five per cent. available for medical and scientific use. To recapitulate we must,—

1st. Use only the leaves of the coca erythroxylon.

2d. They must be perfectly grown, properly gathered at the proper time, and properly preserved.

3d. They must be used promptly.

Observe all these cautions, and in order to make a perfect wine of coca as much care must be bestowed on the selection of the vehicle as on the selection of the leaf, for druggists have again and again tried to make wine of colchicum, stibium, ipecac, etc., with a cheap wine. Failure has been the uniform result. Experience has taught us that it is the same with coca. It blends only with a pure, good sherry.

Of the coca leaves which reach the United States, the largest proportion is received and consumed by the Liebig Company of New York, a corporation which offers the remedy in two general forms, viz., Liebig Co.'s Wine Coca, and Liebig Co.'s Coca Beef Tonic and its combinations. Of these preparations nothing can be said but in high praise. Their wine of coca is practically an admirable tincture of the leaf.

Each fluid ounce contains the virtues of ten grains of erythroxylon. The wine, or menstruum, is worthy of remark, being a rich and pure Spanish sherry imported directly from the great house of Gonzalez, Byass & Co., in Xeres, Spain. As "Imperial Crown," this wine has gained a fame superior to that of the Oloroso and the Amontillado of former days. Without the coca the wine would be a splendid adjunct to every dining-table or sick room. With the coca it makes a delicious beverage as well as a medicine, and forms as perfect a preparation of erythroxylon as science and art can produce.

An exchange says: "The Liebig Co.'s Coca Beef Tonic preparations have acquired a large reputation in various parts of the world. We would especially recommend the Coca Beef Tonic with sherry wine and quinine. The bitter taste of the quinine is disguised, and it makes the most palatable preparation of quinine for administering to children or delicate women that we are acquainted with. We have used it in the cases of children quite extensively, and always to our entire satisfaction."

Those of our readers who desire to use an honest and reliable preparation of coca should write to the Liebig Laboratory and Chemical Co. (38 Murray Street, New York City) for samples of their various combinations of the leaf.

INTERNATIONAL MEDICAL CONGRESS.—The preparations for the Ninth International Medical Congress are being pushed with energy by the several local sub-committees. The Sundry Civil Bill, as finally passed, appropriates ten thousand dollars towards defraying the expenses of the Congress. The Senate had adopted an amendment appropriating thirty-five thousand dollars, but a member of the House Appropriations Committee is said to have threatened the defeat of the entire appropriation unless the reduced sum was accepted by the Senate conferees. The bill contains a provision that the sum appropriated shall be expended only on vouchers approved by the Secretary of the Interior.

This amount, while of material assistance, is totally insufficient to cover the extraordinary expenses incident to the Congress. Hence it will be necessary for the profession to respond promptly and liberally to any appeals that may be made by the Executive Committee for funds for the entertainment of the foreign guests who are expected.

The scientific success of the Congress is no longer in doubt. Of the large number of foreign delegates who have accepted invitations and signified their intention of being present, the more prominent are the following:—

Drs. E. Landolt, A. Chervin, Dujardin-Beaumetz, M. Magitot, P. Ménière, W. D. Hogg, A. Charpentier, J. Amédée Doléris, Marquis Nadaillac, B. Löwenberg, Léon Petit, Victor Audhui, Henri Picard, P. Budin, M. Durand-Fardel, P. de Pietra Santa, and H. Leloir, of France.

Surgeon-General Jeffry Marston, John A. Macdonald, Dr. Evatt, Sir William Alexander Mackinnon, Sir Thomas Longmore, Sir James A. Hanbury, F. Bowreman Jessett, Urban Pritchard, J. H. Galton, J. Jamieson, Alexander Russell Simpson, F. P. Staples, John Anderson, A. Watson, Joseph Ewart, Dr. Lofthouse, E. H. Roberts, Alfred Pearce Gould, W. Allan Jamieson, William MacEwen, Isambard Owen, C. D. F. Phillips, J. G. S. Coghill, Ralph Stockman, William Murrell, Sidney Martin, Edmonston Charles, P. A. Young, Alfred L. Galabin, T. Colcott Fox, George Thin, Jonathan Hutchinson, M. Ludlow Purves, F. M. Pierce, J. J. Kirk Duncanson, R. N. Wolfenden, John Sutliff, Dudley W. Buxton, John Hutchinson, George Johnson, Sir E. H. Sieveking, S. A. M. Gordon, A. T. H. Waters, Walter Pye, William Frazer, Arthur Mitchell, M. Julius Mickle, H. Charlton Bastian, John Simon, David Ferrier, W. A. Brailey, Henry Power, J. William Moore, D. Hack Tuke, J. Syer Bristowe, W. Howship Dickinson, P. H. Pye Smith, C. Macnamara, J. W. Hulke, Christopher Heath, Richard Barwell, William Anderson, Thomas Bryant, Edmund Owen, Arthur W. Orwin, George H. Savage, W. M. Whitmarsh, J. William Taylor, Thomas More Madden, Robert Gray, McCall Anderson, Eustace Smith, Charles West, T. M. Dolan, J. W. S. Thudichum, Benjamin W. Richardson, J. Comyns Leach, H. B. Hewetson, George Gray, Julius Althaus, Lawson Tait, Sir J. Crichton Browne, W. Dunnett Spanton, and E. Radcliffe Cousins, of Great Britain.

Drs. A. Hegar, Christian Bäumler, A. Gusserow, Joh. Veit, A. Oldendorff, F. Winckel, A. Wernich, L. Lewin, P. G. Unna, O. Lassar, Surgeon-General Von Coler, F. Esmarch, Dr. Schwartze, and A. Eulenburg, of Germany.

Dr. Leopold Servais (official representative of the Belgian government), Professor Hauben, and Dr. Alfred Streubens, of Belgium.

Dr. O. Chiari, Gustav Braun, Emil Ehrendorfer, Alois Monti, H. Widerhofer, E. H. Kisch, Joseph Körösi, Moriz Kaposi, Hans von Hebra, Isidor Neumann, Johann Schnitzler, Dr. Neudörfer, of Austro-Hungary.

Drs. A. Cordes and F. Dumont, of Switzerland.

Professors J. W. R. Filanus, A. Guye, and Dr. Gori, of Holland.

Drs. Domenico Chiara, W. W. Baldwin, Andrea Ceccherelli, Luigi Casati, Eugenio Fazio, and Domenico Peruzzi, of Italy.

Professor Hirschsprung, of Denmark.

Dr. Miguel Gonzalez Gonalsey, of Spain.

J. A. S. Grant (Bey), of Egypt.

Dr. Leonard Boor, of New Zealand.

Dr. Moncorvo, of Brazil.

Dr. H. Reimann, of Russia.

Professor T. W. Kay, of Beyrout, Syria.

This list of names looks sufficiently international, and most of them are pretty well known to students of current medical literature. It is true we shall probably not be able to get Bismarck, Boulanger, Schwenninger, or Senor Ferran, because we cannot promise that they will meet "the leaders of professional thought"—certain able editors and their assistant kickers in Boston, New York, Philadelphia, and Baltimore —at the Congress. On account of a change in the administration, both of the country and of the Congress, we shall not be able to pay the travelling expenses of the foreign delegates. This may keep some of the very prominent ones at home. All those that come, however, will find a hearty American greeting awaiting them, and during Congress week, at all events, the latch-string will hang outside.

The Committee on Entertainment is actively engaged in preparations for the entertainment of the distinguished guests. No one need fear that the social features of the Congress will be neglected.

The Committee of Arrangements has secured the following places of meeting for the Congress and the various Sections:—

The general meetings and the sessions of the Sections on General Medicine and on Dental and Oral Surgery will be held in Albaugh's Theatre.

The Sections on General Surgery, Military and Naval Surgery, and Dermatology and Syphilis, in Cornwell's Building, Pennsylvania Avenue.

The Sections on Anatomy and Pathology, in the Army Medical Museum.

The Section on Physiology in the United States National Museum.

The Sections on Obstetrics and Gynæcology, in the Georgetown Medical College.

The Sections on Materia Medica and Therapeutics, and Psychological Medicine, in the National Medical College.

The Sections on Medical Climatology and Dermography, and Public and International Hygiene, in the Masonic Temple.

The Sections on Otology, Laryngology, and Ophthalmology, in Columbia Medical College.

The Section on Diseases of Children in Willard's Hall. This will also be the headquarters of the local committees and the place of registration.

The rates at all the principal hotels have been reduced to three dollars and three dollars and a half per day.—*Washington Correspondence, Phila. Med. Times.*

Capsicum in Opium Poisoning.—Capsicum has not been too strongly praised by Dr. J. V. Shoemaker when he says: "It is one of the most important remedies in the materia medica. It has no superior as a safe and effective general stimulant. It increases the secretion of the salivary glands, promotes the formation of gastric juice, and increases the secretion of the intestinal glandular system. It accelerates the heart's action, increases arterial tension, and produces a feeling of warmth and well-being throughout the entire system. It increases the urinary and cutaneous secretions, and acts as a stimulant to the genital organs. It is invaluable in the treatment of atonic dyspepsia, and in the apepsia of chronic alcoholism. It is the most efficient agent that can be used to overcome the craving for alcohol in dipsomania.

"It is also useful in the treatment of the opium habit. Incipient delirium tremens may be prevented, and a pronounced attack aborted, by the administration every hour of half-drachm doses of the tincture of capsicum, or from twenty to forty grains of the powder.

"Gastralgia, enteralgia, and flatulent colic may be readily relieved by a few five-minim doses of the tincture. Capsicum is effective in the treatment of flatulent dyspepsia, hysterical flatulence, and the tympanites of typhoid fever. It is also valuable in the latter disease, and in typhus and other low forms of fever as a general nervous and cardiac stimulant. It is a most potent remedy in cholera morbus, cholera infantum, and Asiatic cholera. Diarrhœa and dysentery, especially when due to the presence of fermentative material in the alimentary canal, may be quickly checked by large doses of capsicum. It will also be found of benefit in chronic malaria. It is more effective than any other remedy in the treatment of the asthenic types of scarlet fever, diphtheria, small-pox, and other zymotic diseases. In phthisis, anæmia, leucæmia, and chlorosis, it stimulates the appetite, promotes digestion, and increases the activity of the blood-producing organs. It is also valuable in the treatment of amenorrhœa of thin, pale, or nervous subjects. In these cases the tincture should be given in five-minim doses three times a day for a week before the time at which the menses are expected.

"Capsicum is invaluable in the treatment of functional impotence, and the impotence of nervous subjects. It is serviceable in chronic constipation, and hemorrhoids due to relaxed condition of the rectal mucous membrane. A gargle composed of one drachm of the tincture of capsicum, two drachms of salt, and half a pint of water, will be found beneficial in chronic pharyngitis, relaxation of the uvula, and in hoarseness due to relaxed vocal chords."

Dr. W. A. Hammond bears equally strong testimony to the value of capsicum. He says: "Cayenne appears to be particularly useful in nervous dyspepsia in which there is an atonic condition of the stomach, and a tendency for

the food to ferment instead of undergoing digestion. It is also especially beneficial when used with those foods of a vegetable character, which are not ordinarily digested without the evolution of large quantities of gas. Whether this gas comes from the food or from the patient is not definitely known, but no matter what its origin its evolution is prevented by cayenne."

One of the most important of its uses has, however, passed generally unnoticed. It is of decided value in the treatment of opium poisoning. In the suggestion of its use in opium poisoning, I can claim originality, but not priority. Dr. C. H. Hughes was the first to use capsicum enemata in the treatment of opium poisoning. His case was as follows: A patient had taken opium with suicidal intent. Dr. Hughes being called in consultation by Drs. Roemer, Hypes, and others, after atropine and the usual routine remedies had been tried, ordered an enema of one drachm each of aqua ammonia and tincture of capsicum, using coffee as a vehicle. The patient made a complete recovery.

In 1881 I was called to a case with the following history: A patient, suffering from the insomnia resulting from a prolonged debauch, purchased two ounces of laudanum and swallowed one. Within half an hour he sank into a deep slumber. Dr. E. C. Dudley was called, who, by means of the stomach pump, relieved the patient of about half the laudanum taken. Dr. Dudley found that, despite the use of strong coffee and constant movement, the patient did not improve. He then called Dr. Jewell in consultation, who advised the use of atropine. Under all these varied means of treatment there were temporary rallies, but after six hours of constant treatment the patient seemed to sink into and remain in a very deep coma. At this stage I was called in consultation, and having some faith in the old theory of derivation, ordered three drachms tincture of capsicum to be poured directly into the rectum. The effect was almost magical. The patient walked around briskly, talked freely, and in about an hour was in his usual condition, other than being much exhausted and suffering from great dryness of the throat, obviously the result of atropine.

CASE II.—A five-year-old child of an opium habitué, drank about a teaspoonful of laudanum. Atropine, emetics, the stomach pump, and the galvanic battery were tried with temporary success, but the coma gradually deepened. Being then called in consultation, I ordered three drachms of capsicum to be poured into the rectum. The child made a good recovery, but for some time thereafter suffered from inflammation of the rectum.

CASE III.—The twenty-four-year-old daughter of an opium habitué, while suffering from ague, took her father's daily two-grain-dose of morphine in milk sugar in mistake for quinine. She sank into a deep coma before her mistake was suspected. The stomach was evacuated by the stomach-pump, emetics and strong coffee given, but without much effect. Half an ounce of tincture of capsicum given as enema in coffee produced a rapid and complete recovery.

CASE IV.—A ten-year-old boy swallowed what at the time were supposed to be ten homœopathic pellets, but which proved to be one-eighth of a grain of morphine pills. He fell into a deep slumber before the character of the pellets was detected. Under the use of rectal injections of three drachms of capsicum the patient, after the usual measures had been adopted with very moderate success, made a good recovery, but suffered from proctitis for some time thereafter. —JAS. G. KIERNAN, M.D., *Medical Standard.*

REMARKS ON THE THERAPEUTIC VALUE OF MANACA, JAMAICA DOGWOOD, AND EUPHORBIA PILULIFERA, VIBURNUM PRUNIFOLIUM.—I consider the franciscea uniflora, manaca, one of the very best therapeutic remedies we have in cases of rheumatism, rheumatic gout, and eruptive diseases of syphilitic origin. I have seen many cases of chronic, subacute, and inflammatory rheumatism and syphilitic eruptions readily yield to the administration of the fluid ext. manaca, in doses ranging from eight to twenty drops three times a day. I have been prescribing for the last eight years in my practice the manaca, and could, if I had the time, report numerous cases where its exhibition was of unquestioned value in inflammatory, subacute, and chronic rheumatism. In secondary and tertiary syphilis its action has been more prompt and more satisfactory to me than my old favorite remedies, iodide of potassium and sarsaparilla, or the bichloride hydrargyrum either. But, as I gave my views freely some time ago through the columns of the Therapeutic Gazette as to the value of the fluid extract of manaca, I will now only say in my opinion it still holds its own, and pass on to the consideration of euphorbia pilulifera. I have not had as much experience with this remedy as I could wish, having only prescribed it in three cases of spasmodic asthma, one case complicated with bronchial irritation.

Peter I., carpenter by trade, age 46, came to me in September, 1886, suffering with spasmodic asthma and bronchial irritation; complained of a sense of great weakness for want of breath; could not do any work at his trade; was always hale, hearty, and strong until, during the war, was confined in camp on the banks of the Appomattox; ever since had been subject to these asthmatic attacks. He was weaker, and considered this the worst attack he had ever had; had been longer unable to work than ever before. His

complexion was sallow, skin dry, and felt harsh to the hand, tongue coated with a thick, whitish fur, urine scanty and high-colored. Gave five grains sulph. quinine night and morning. Also sub. mur. hydr., gr. x; ext. colocynth comp., gr. x; pulvis ipecac., gr. j; ol. cajeput., gtt. ij; divided into two powders, one to be taken at 3 P.M., and the other at bedtime; next morning teaspoonful Carlsbad salts in glass of cold water; fluid ext. Euphorbia pilulifera, thirty to fifty drops *pro re nata*. He came to my office day before yesterday for me to prescribe for his wife and daughter. He says he is stronger and better than he has been since the war, and that the little black drops cured him.

I. P., farmer and fox hunter, has been subject to attacks of asthma since childhood, the attacks getting worse; is 27 years old; has tried a great many remedies without any permanent benefit; would be well and hearty if it were not for these attacks. Gave thirty to sixty drops euphorbia pilulifera *pro re nata*. Reports to me as having experienced great relief; has not had any attack this winter, although he has fox-hunted as much as usual; thinks the black drops cured him.

The other case I have not heard from; think he is also better, or I assuredly would have heard from him. This patient lives in an adjoining county. I have found the piscidia erythrina (Jamaica dogwood) a valuable remedy in nervous persons, who cannot bear opiates, and in cases where you desire to promote an increase of the secretions rather than check them. The Jamaica dogwood seems to ease pain, promote refreshing sleep, and, if repeated, will gently move the bowels and increase the flow of urine. These properties render it an exceedingly valuable preparation in persons of peculiar nervous cachexia.

Viburnum Prunifolium (Black Haw).—The fluid extract of viburnum prunifolium is a valuable auxiliary in the field of gynæcology. In looking over the literature of this valuable drug I find it ample, so much so that I deem it unnecessary to say anything more in its favor than to express the opinion that those persons who believe it inert or worthless, in a large number of diseases incident to the female organs of generation, have made their experiments with worthless preparations of this drug. I have used the infusion made from the root of the black haw, but it is by no means as decided in its therapeutic action as the fluid extract. Its properties seem to be anodyne, tonic, and alterative when administered *per orem* in sufficient doses. Its virtues are by reflex action, or through the nerve-centres conveyed to the female organs of generation, and exert upon these important organs a benign influence not excelled by any drug with which I am acquainted. From its anodyne, tonic, and alterative action it has a wide range of adaptability in the field of gynæcology. I myself have used the fluid ext. of viburnum prunifolium in anæmic amenorrhœa, dysmenorrhœa, membranous dysmenorrhœa and threatened abortions many, many times. I successfully treated three cases of membranous dysmenorrhœa in Atlanta, Ga., at the same time and in the same hotel. Two cases were residents of Atlanta, the third a young lady from the far Northwest. And last summer a young lady from the Valley of Virginia fell under my charge. I mention these four cases particularly because they were unusually severe cases, had been under the care for a long time of several able physicians, and their lives had become, as they expressed it, a "misery to them." Of course, in my practice of nearly half a century, I have met many cases, moderate cases of simple and membranous dysmenorrhœa. My treatment in these four severe cases of membranous dysmenorrhœa was, keep the bowels soluble with Carlsbad salts, and take the following:—

℞. Fluid ext. phytolacca,
Fl. ext. cimicifugæ racemosa āā ʒiss.
Vini colchici sem. . . . ʒiij.
Tinct. amm. guaiac. . . ʒv.
M. Sig.—Thirty drops t. i. d.

Just before the expected molimen take:—

℞. Camphor . . . . gr. x.
Pulv. Doveri . . . gr. x.
Ext. hyoscyami . . . gr. x.
Ft. 10 pills.
Sig.—Two pills every two hours until pain ceases, then fluid ext. viburnum prunifolium sixty drops t. i. d. To be continued until next molimen occurs. Plan of treatment to be continued until there is freedom from pain and an increase of the monthly discharge.

In a case of threatened miscarriage, the first thing for a woman to do is to go to bed and assume the horizontal position. The next is to get her bowels opened by a mild aperient, such as the Carlsbad salts, assisted in its action by an injection composed of mild ingredients. If there is pain after her bowels are opened, throw into the rectum forty drops tinct. opii in a tablespoonful of starch and warm water (tepid water), and take a teaspoonful of viburnum prunifolium t. i. d. If the patient has been in the habit of miscarrying, whenever she feels the slightest pain she should go to bed, throw into her rectum the starch and laudanum injection, and take a dose or two of the viburnum.

In some cases of membranous dysmenorrhœa the practitioner will also find persistent leucorrhœa. In these cases give three times a day:—

℞. Fluid ext. buchu,
Mur. tinct. ferri, . . āā ʒij.
M. Sig.—Teaspoonful morning, noon, and night in wineglassful of water. Hot-water injection at bed-time, using hot water in large quantities, and an occasional dose of viburnum.

As soon as leucorrhœa is relieved withdraw the iron and buchu, and give the viburnum t. i. d. If patient is of scrofulous cachexia, give ten drops syr. ferri iodide t. i. d. in combination with the viburnum.—Allan S. Payne, M.D., *Therapeutic Gazette*.

Swiss Delegates to the Congress.—The Swiss Confederation has appointed Professor Theodor Rocher, of Berne, Switzerland, and Dr. Henry A. Banga, resident in Chicago, U.S.A., as delegates to the International Medical Congress.

BOOK REVIEWS.

Oxygen in Therapeutics. A treatise explaining the apparatus, the material, and the processes used in the preparation of oxygen and other gases, with which it may be combined; also its administration and effects, illustrated by clinical experience of the author and others. By C. E. EHINGER, M.D. Illustrated sexto., pp. 157. Chicago: W. A. Chatterton & Co., 1887.

Since the publishing, in 1857, of the English work on oxygen as a therapeutic agent, this remedy has at various times widely attracted the attention of the public and the profession. More recently it has again claimed considerable notice through the protestations of a number of charlatans throughout the country, who will have us believe to have, with its aid, performed some miraculous cures. Dr. Ehringer is also a staunch advocate of the value of oxygen in disease, but, unfortunately, his work is premature; premature, in so far as the matter being in too crude a condition to be entitled to just scientific rank. It abounds in mis-statements and typographical errors It also abounds in quotation marks, and we note even several omissions of them, but this also may be the proof-readers error. We think it may be even stated with justice that the most valuable parts of the book are those enclosed within the quotation marks. With regard to the clinical data all that can be said is that Dr. Ehringer's observations are too lax to be of any value; the vaguest possible information is given, and as for close and accurate observation, it is not even attempted. If we might allow ourselves advice, we would say that with this volume as a nucleus, Dr. Ehringer, with a little more careful observation, more accurate clinical statements, and a general review of the book, with the object of eliminating the many errors, the volume would become one of value, which, in its present state, it assuredly is not.

A Century of Electricity. By T. C. MENDENHALL. 12mo., pp. viii.–225; index. Houghton, Mifflin & Co., Boston and New York (Porter & Coates, Philadelphia), $1.25.

This little volume gives probably the best and clearest description of the uses to which electricity is devoted in every-day life and business of the many popular works issued during the last few years. The author is sensible enough to ignore popular prejudice, and credit invention to all prominently concerned in the development of the telegraph and telephone, instead of misleading people as too many handbooks have done by assigning the discovery to one individual.

Drug Eruptions. A clinical study of the irritant effects of drugs upon the skin. By PRINCE A. MORROW, A.M., M.D. Professor of Venereal Diseases, etc., in the University of New York. William Wood & Co.

The most practical and thorough written statement of the drug eruptions that has probably appeared, has been from the able pen of this author. He has most carefully collected all the reported observations of the action of drugs upon the skin, and given in addition his own experience, which has been very large. Dr. Morrow, in considering the literature of the drug eruptions, takes occasion to clearly show how the subject has been much neglected by recent writers. He recounts in a brief manner, under the history, all the observations made upon the subject to the present time. Drug eruptions are next defined, classified, and their general characteristics pointed, out with the keen perception of one having a very extensive clinical experience. The cause, as well as the diagnosis and treatment—especially the latter—are most thoroughly and practically considered. The reference to drugs has been arranged alphabetically, thus making the volume particularly useful for a rapid examination by the busy physician. Under each drug the author sets forth in a most vivid manner the various lesions produced on the integument by their administration and application. In treating of the iodide of potassium eruption—the diagnosis of which has occasionally been mistaken by some—Dr. Morrow has admirably illustrated its appearance by a typical lithographic plate, which is to be found in the front part of the work. The book contains a thorough review and clinical study of the drug eruptions, and will be of practical value to every physician in his daily work.

A Companion to the United States Pharmacopœia. Being a commentary on the latest edition of the Pharmacopœia. With six hundred and fifty original illustrations. By OSCAR OLDBERG, Pharm.D., and OTTO A. WALL, M.D., Ph.G. Second revised edition. New York: William Wood & Co., 1887.

The first part of the work is devoted to an alphabetical review of drugs. The authors have been intensely practical in considering each subject in as few words as possible. Theories, quotations, and useless expressions that load very many books have all been omitted. The physician or pharmacist can turn at once to the preparations, and rapidly find out at a glance all that is wished. The text is simple and the material is ample. The illustrations, considered in connection with the subject matter, are unusually good, especially those of cimicifuga, yerba santa, guaiacum wood, eucalyptus, and sarsaparilla. The portion of the work devoted to the microscope in pharmacognosy is also most admirably illustrated and ably written, including all the latest and most approved scientific research upon most important topics. The succeeding pages on "weights and measures" includes a most careful account of the old systems, the system of parts, by weight, and the metric system. In the latter the authors point out rapid rules for conversion of the old into the metric system. An appendix at the end of the work gives a good statement of the method of preparing elixirs and beef, wine, and iron. The work is complete and practical, and will be of value to both physicians and pharmacists.

COMMERCIAL NEWS.

The Kitchen.

The kitchen! It governs the life of man,
'Twill lengthen or shorten the stretch of its span;
'Twill light it with gladness, or load it with woe,
To make it a Heav'n or a Hades below—*Cheer.*

Surgeon-General Murray's Opinion of Bovinine.

Under date of March 1, 1887, R. Murray, M.D., Surgeon-General (retired), U.S.A., writes The J. P. Bush Manufacturing Company, of No. 2 Barclay Street, New York City, as follows:—

"It gives me great pleasure to give my testimony to the very great value of Bovinine as a dietetic preparation. I have used it for more than a year in a very aggravated case of nervous dyspepsia, and have found it better than any of the many preparations and extracts of meats before used. I have found it to keep perfectly with coca in warm weather. It is very easily prepared for administration, and has proved of great benefit in every case in which I had known of its use."

"English as She is Spoke."

It is said of Mrs. Partington that while gazing admiringly on St. Paul's Cathedral, in London, she expressed her emotion as follows: "O! venereal pile; gigantic stricture."

Coca as a Cardiac Tonic.

The New York Medical Record of February 26, 1887, gives an interesting article, entitled "Heart Strain and Weak Heart," by Beverley Robinson, M.D. We extract the following:—

". . . On several occasions, when digitalis, has proved to be useless or injurious, I have had very excellent results from caffeine or convallaria. Certainly, the latter drug is more easily tolerated by a sensitive stomach than digitalis is; and whenever the nervous supply of the heart is especially implicated, I believe that I secure more quieting effects from its employment. Among well-known cardiac tonics and stimulants for obtaining temporary good effects, at least, I know of no drug quite equal to coca. Given in the form of wine or fluid extract, it does much, at times, to restore the heart-muscle to its former tone. I have obtained the best effects from the use of Mariani's Wine. From personal information given me by this reliable pharmacist, these results are attributable to the excellent quality of the coca leaves, and of the wine which he uses in its manufacture."

Anatomy *vs.* Surgery.

Two little boys were put to bed for the night, and one, feeling more lively than the other, was told by the latter: "If you don't keep still I will ask God to tie your feet." The power being doubted, the little one replied: "Well, he stuck you all together once; guess it's easy enough to tie your feet if he wants to."—*Babyhood.*

Genois Malt Extract.

Genois Extract of Malt is being used with much success by many prominent physicians in this city as a general reconstructive. It is specially agreeable as a tonic during the heated term. Send to Llewellyn, 1600 Chestnut Street, for sample bottle, mentioning The Medical Bulletin.

The Profits of Publishing.

"We have just been reading about the distribution of the profits on a $1.50 book. On the first thousand the stereotyper loses six cents per copy, the publisher loses eighteen cents, the author loses ten cents, the printer loses his time, and the reader loses his patience. You see there isn't really very much made on the first thousand; the profits develop more fully on the succeeding thousands. Suppose, for instance, you decide to publish an edition of five thousand; you lose one hundred dollars on the first thousand. Then you change your mind and don't publish the other four thousand. You make four hundred dollars on them, a clear profit of three hundred net. You can't see it? Well, don't you ever publish a book, then, that's all; you haven't the real author's instinct; you have no genius.—Robert J. Burdette, in the *Brooklyn Eagle.*

Portrait of Dr. Koch.

Messrs. Parke, Davis & Co., Chemists, of Detroit, Mich., have mailed to some of their friends in the medical profession a handsome portrait of the eminent Dr. Robert Koch. It will be an ornament to any physicians office. They will send gratuitously a copy of this portrait to any of our readers making application. Send them your name, mentioning this journal.

Dr. Thomas Little, of Spirit Lake, Ia., in comparing Papine with other forms of opium, says:—

"I have been using Papine for the past two months. It meets the requirements of a class in which opiates are indicated, but in which the 'remedy is worse than the disease.' One case in particular has given me a great deal of trouble for years. I have tried opium in every form, and many other narcotics, alone and in combination; but constipation, nausea, and nervous prostration have been the invariable result. Some two months since I obtained some Papine and commenced on this case with the happiest effect; no nausea, no constipation, no prostration. I have been prescribing it in my practice since with the greatest satisfaction to myself and my patients."